

DIVISION OF VITAL RECORDS,

- STATE

3 SEX

REGISTRAR

DECEASED NAME (TYPE OF PRINT)

Female

To BIRTHPLACE (STATE OR FOREIGN

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

Acero

March

5. DATE OF BIRTH MONTH

V.

Caucasian

75 CITIZEN OF WHAT COUNTRY?

Margaret

4 RACE

24

MARRIED NEVER MARRIED

	REG. N	10.						
	2a DATE OF DEATH	MONTH	DAY	1	YEAR	26 HOL	JR	
	A	pril	3,	15	985	6:0	IP M	
	6 AGE (IN YEARS LAST B	RTHDAY)	IF	UNDE	RIYEAR	IF UNDER 24 HRS		
			MO	N1H5	DAY5	HOURS	MIN.	
18	67	YRS						
7	9 BALTIMORE CITY	OR COUN	TYO	F DE	ATH			
	Baltimo	re Ci	ty				MD	
	120 USUAL OCCUPAT		LIFE)		KIND O	F BUSIN	ESS OR	
	homemak	or						

Maryland
10 CITY OF TOWN OF DEATH USA WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Maryland General Hospital Baltimore 13e STREET ADDRESS / ZIP CODE Balto, Md. 115 E. 25th St. 21218 136 COUNTY 13d. INSIDE CITY LIMITS? Baltimore Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE John Glassman Emma Bartha ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-10-9380 Marion Acero, same as above No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cardiac Arrest IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Brainstem Stroke Conditions, if ony, which

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Hypertension 190 DATE OF OPERATION

NOT WHILE

gove rise to immediate couse (a), stoting the

underlying couse lost

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Apri

85

DUE TO OR AS A CONSEQUENCE OF

70b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

Haynes, M.D.

211. LOCATION

220.1 certify that (K (this hospital) attended the deceased from\_ saw the deceased alive a 22b. SIGNATURE

DEGREE ATTENDING

PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (mx) (our) apinion death accurred on the date and hour and from the causes stated

to April

22c DATE SIGNED

C/O Maryland General Hospital

Cremation

23a BURIAL, CREMATION, REMOVAL

4/6/85

231 NAME OF CEMETERY OR CREMATORY

Greenmount Crematory, Balto. Md. STATE

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15, 4)

should be deto with the Stote IMPORTANT: I

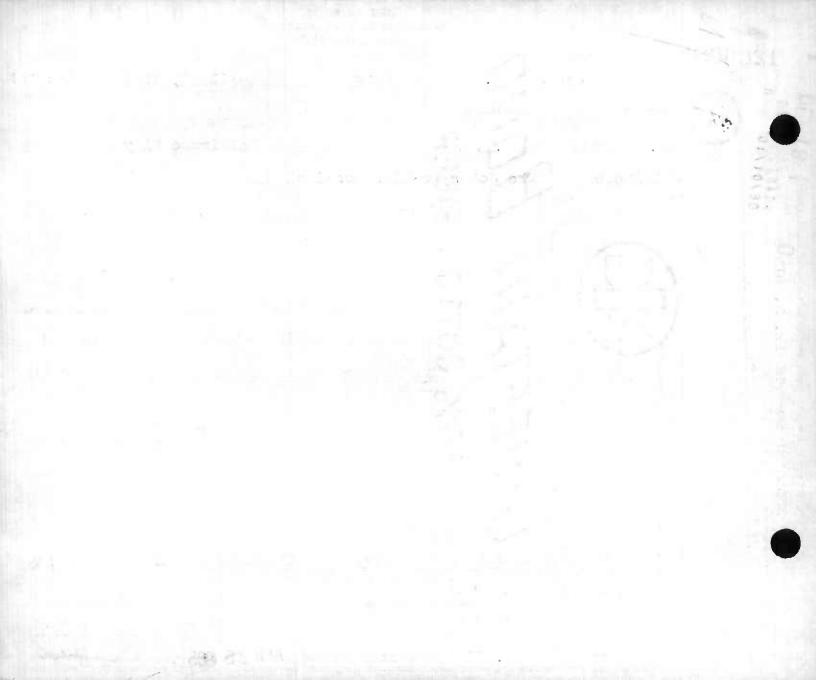
80

20

CERTIFICATION

DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE SCHIMUNEK FUNERAL HOME, Balto, Md.21213

W 18c 28/2'



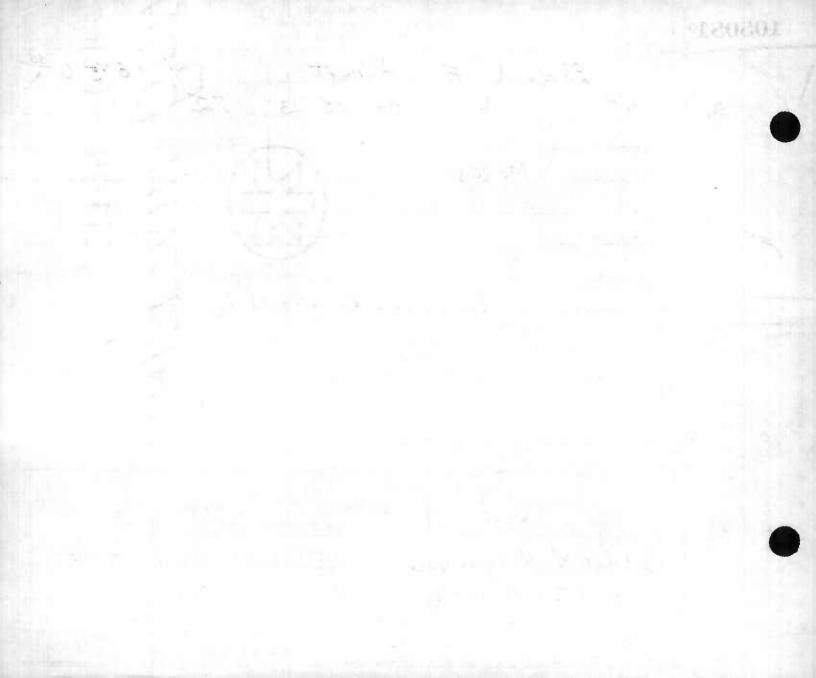
					STATE OF MARYLAND	5 1 0	4 2 5	
1	440046	1.	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL H	YGTENE		
19	119046		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
9	-		EASED NAME FIRST	WIODLE	LAST	20 DATE OF DEATH MON	TH DAY YEAR 28	b HOUR
	1/12	TATE	OR PRINT)	am c	Adelsherger	en 4	- 22 85 19	736 pm
K	1 2 3	3. SE	107.11	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IE UNDER I YEAR IF	UNDER 2-14RS
7_			Mala	Caucasian	MONTH DAY YEAR	60	YRS DAYS H	HOURS MIN.
	Pod in Do		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	DV2 1	9 BALTIMORE CITY OF CO		
	death.	· '	OUNTRY)	USA	MARRIED DIVORCED		re City	MD.
	er dear	10. CI	TY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126. KIND OF B	
=	to to 1/4	T	3altimore	South Balt	1 - 1011-1 11-	TYPE OF WORKEOR MOST OF WO	HCG-Ret	5 oct
2120	be file	USU	L RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION)	A		reu
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IFA	tely for the state of the state	14, FA	THER'S NAME	1 4 411	15 MOTHER'S MAIDEN		W DVC ~	Hare
MAR	mplet and 3		11/311 am	MIDDLE AND LAST	Speran Glady	/ MIDDLE	11 LAST	
au'	+ 0- /	Ióa. V	AS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIALS	0 11/1/1	ADDRESS,	7,00	
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THE STATE OF	_0 _0 vi _0	=	Yes	1010	The Hart see C.	010) 3011	APPROXIMA	ITE INTERVAL SET AND DEATH
-	rtificate physician paper emaval.		PART I. DEATH WAS CAUS		00 0 00-		BETWEEN ONS	SET AND DEATH
1 ST	certices.		IMMEDI	ATE CAUSE (0)	ac Arrest			
PRESTON	attendi nave cai atian, a		C 19:	DUE TO, OR AS A CONSI	QUENCE OF			
RES			Conditions, if any, which gave rise to immediate	(b)				
≥	by the ase rer ather		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF		- 1 Bas	
201	+ 7000 5		DART 2 OTHER SIGNIFICANI	(c)	TO DEATH BUT NOT RELATED TO THE TE	DANINAL DISEASE OF CONDITION	ONL CIVEN IN PART 1:4	
	requires on signer Then pl injury, o	Z	No. L. o		To and and	KIMINAL DISLASE OR CONDIN	\$	
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SE SE		FIC	12-14 M PM 1			YES NO NO	CERTIFYING CAUSES OF	F DEATH?
DIVISION OF VITA	sician.	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	URRED (ENTER NATURE OF INJURY IN		
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6	ENDING PI ad ar atter DR. After th use as the Health and is marked		220 d costifu that (Dithis has	nital attended the decented for	#-13-85 10	10 4-22	- 10 85 th	ot (I) we) lost
	7		saw the decreased plive of	pital attended the deceased from	9 5 , and that in (my) (our) print	on death accurred on the date of	00	
			obove, (I) we (Idid) (did : 22b, SIGNATURE	nat) view the bady after death.	DEGREE		22c. DATE SIC	
	o at to the to		W. O. O.	a 11 11 feet	AA ATTENDING	MEDICAL STAFF	-/11.0	3-85
	State de		226 PHYSICIAN'S NAME (TYP	E OR PRINT	22e ADDRESS	DIRECTOR PHYSICIAN	W 17-2	2-03
	TO HOSPII ro Funer shauld be with the St		Malinda	H. W/h.7.	e Coul R	11 marce P	marl Har its	1 Rolling
	MAP With	22- 1	URIAL, CREMATION, REMOVA	AL 1236. DATE	23c. NAME OF CEMETERY OR CREMATOR	Y 236 LOCATION	ALCAGA HUSPATA	CAMPINES.
	DD.	230.1	SPECIFY)			CITY OR TOWN	COUNTY	Md.
	BP	AA FI	Burial		Lorraine Pk. Cem.	DATE REC'D. BY REGISTRAR X6	Balto.	PIU.
	DHMH - 16 50M 4/83 (VRA 15, 4)	J.	Triman schw	ab 5151 Bal.		PR 2 4 1985 ful	ia Davidson-Ran	delle
	(VKM 13, 4)			#212	29	- ~~	/	

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4 00	J. JL.	Male	Cauc.	DAY DAY YEAR 13	75	MONTHS DAYS HOURS MIN.
direct direct.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.	9 BALTIMORE CITY OR COUNT	TY OF DEATH
deoth.	,	Baltimore	USA	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	Baltimore	City MD.
is after deo by the fune filed within	10 C	TY OR TOWN OF DEATH  Baltimore		ING HOME OR OTHER INSTITUTION ET ADDRESS) Hospital	Production Line Worker	12h KIND OF BUSINESS OR
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within	14. FA	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST
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e execu		VAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)			- 01010
- 0 % e .		No		1-9220 Anne Hilb	inger,4046 El	mora Ave. 21213
rtificate I physici onpopel emoval.		PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), c ED BY: TE CAUSE (a) MI TAL	Tatec Transition	100 C000 Ca	lo markus
squires that the death considered by the attending Then please remove carbon to burial, cremotion, or injury, an other troumatic.	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQ  (c)  CONDITIONS CONTRIBUTING TO	UENCE OF  DEATH BUT NOT RELATED TO THE TERM	ninal disease or condition G	IVEN IN PART 1:0
on. has been to permit. ene prior aws ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED (IFYING CAUSES OF DEATH? YES \( \text{VE}\) NO \( \text{T}\)
SICIAN: TI ag physicia certificate mol-transi ental Hygi frem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	3 PART   OR PART 2]
DING PHYS or attending After this ce os the bug alth and Me morked or t	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
Z - 2 5 ± 2		sow the deceased alive or	ital) attended the deceased from 4/6/65 19 19 19 19 19 19 19	, , ,	deoth occurred on the date and he	, 19, that (I) (we) last our and from the couses stated
40SPITAL OR ATTERNED by the haspite FUNERAL DIRECTO ald be detached for the State Dept. of the State Dept. of ORTANT: If them 21		22b. SIGNATURE  LANG  22d. PHYSICIAN'S NAME (TYPE	Suplesu	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	172 DATE SIGNED 4/6/95
CO HOSPITAL etained by t TO FUNERAL should be det with the State		DANA SI	MPLERMO	mercy	Hospital	
BP		BURIAL, CREMATION, REMOVAI BURIAL	4/10/85	Lorraine Mausole		
DHMH - 16 60M 7/84	24 F		neral Home	LIIC.	TE REC'D. BY REGISTRAR 25b. REGI	STRAR'S SIGNATURE
(VRA 15, 4)	_	3331 Brehms	Lane, Balto.	Md. 21213 AP	LO BOO	



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Ubb III	PE OR PRINT)							2a. DATE	KNOWN X	MOISTIL	DAY YEAR	2b. HOUR
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1	X	4 RACE	S. DATE OF BIRTH	6. AGE (IN			FUNDER 24			MONTH	DAY YEAR	2d HOUR 10:22
1	emale	White	04/12/19	65	YRS.			DEAD		4	7 1985	a w
PL	BIRTHPLACE OREIGN COUNTRY aryland	1	76. CITIZEN OF WH			IED   NEVE			AORE CITY OR		OF DEATH	
	ITY OR TOWN		II. NAME OF HOSP	ITAL, NURSING HO	ME, OR OTH	2 54 5	DIVORCED ON 12	USUAL OCCU	Ltimore		KIND OF BU	
9	Balti	more	Home	ILITY, GIVE STREET ADDRES	5)			Homemal			OR INDUST	RY
1130 5	STATE	E (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADM	4	13d INSIDE CITY	Y LIMITS? 134	STREET ADDR				
Mo		Cn.	-	Baltimo	re	YE\$XX	NO 🗌	2821	Hampder	n Ave	nue 21:	211
	ATHER'S NAA		MIDDLE	LAST		15. MOTHER	'S MAIDEN I	NAME	MIDDLE		LAST	
	ohn Wil	SON ED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECUE	RITY NO.	Mira 17 INFORMA	anda		ADDRESS			
	YES, NO, OR UNKE		E WAR OR DATES]	214 86 4			t Alfa	ro 702	Eastsh	ore D	r. 212	28
	18 CAUSE	OF DEATH (Enter o	inly ane cause per line f			THOOLE	0 11220	10 /02			APPROXIMATI BETWEEN ONSE	EINTERVAL
43	PARTIE	DEATH WAS CAUS	ED BY: ATE CAUSE (a)_Art	erioscler	otic o	cardiov	rascula	ar disea	ase		DET TO ELIV OTV SE	AND DEATH
OM, OR REMOVAL.	11			AS A CONSEQUENC	E OF							
× RE/	gave	ans, if any, whic rise to immediat	re (b)									
CATION		a) stating the <u>unde</u> zuse last.	DUE TO, OR A	AS A CONSEQUENC	E OF							
12	PART 2 DTHER	SIGNIFICANT CONDITION	(c)	HT NR1 BELATER TO THE Y	BALINAL BISTAS	COR CRUCIVION	CIMEN IN SACT 2					
Z	1781 2 311128	JOHN CART CONDITION	S CONTRIBUTING TO BEATH ST	DI NOT KEENIED TO THE T	CRMINAL DISEAS	E OK CONDITION (	GITER IN TAKL I	0				
CERTIFICATION	190. DATE C	F OPERATION	19b. CONDITI	ON FOR WHICH OF	ERATION W	AS PERFORM	IED?				20 AUTOPSY	?
1 ¥	1- 1-		200								YES 🗌	NO [X
	210. EXTERN	IAL CAUSE WAS	21b. TIME OF HOUR A.M.	MONTH DAY YE	AR 21c. H	OW INJURY C	OCCURRED (	ENTER NATURE OF IN	JURY IN ITEM 18 PAR	T I OR PART 2	)	
MEDICAL	CONTRIBUT	TING CAUSE OF		19								
8		OCCURRED NOT WHILE	STREET, FACTO	F INJURY (AT HOME, DRY, FARM, ETC.)		CATION		CITY OR TO	)WN	COUNT	γ	STATE
	AT WORK	NOT WHILE										
	500	,	rge of the remains desc		Autap	sy 🔲, _	Inspection D	Inquiry	, and i	n my apıniı	an	
	death resu	Ited fram: Nat	ural causes 📈,	Accident	Suicide	, Hamicio		Indetermined m	anner,			
	ACTUAL	X	ma			TITLE (SPE				DATE SIGNED	4/8/8	35
730.8	SIGNATURE	16	1			.DASS	Israni	MEDICAL EXAM	MINER	SIGNED_	4/0/0	
4	EXAMINER'	SNAME Gre	egory R, Ka	uffman, M	.D.	ADDRESS	111 E	Penn St.	Balt	O.MD.	•	
	BURIAL, CREM	ATION, REMOVAL		23c. NAME OF C		R CREMATOR	RY [2	3d. LOCATION		COUNTY		ATE
230.	rial		04/12/85					CITY OR TOWN		COUNTY	51	AIE



5 1.	1-	FOR STATE UNK.#85-2		DEPARTMENT OF HE			3 0		
) 1//		REGISTRAR	M	EDICAL EXAMINER		REO.			
100177		CEASED NAME FIRST E OR PRINT)		WIDDLE	LAST	2a DATE KNOWN OF ESTI-	MONTH	DAY YEAR 26 HOU	R
<b>工</b>		JE:	SSE	LEE	ALLEN	DEATH MATED	□ 4-4	1985	M
BC = 5E	3. SE	4 RACE	5. DATE OF BIRTI		IF UNDER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN PRONOUNCED	MÖNTH	DAY YEAR 24 HOU 9:28	R
8286	m	ale black	1 2		MONTHS DATS HOURS	DEAD	4-4	1985 9:28	N
A TEST		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF	MHAT COUNTRYS IS	ARRIED NEVER MARRI	ED X 9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	_
香品香品(O	N	Carolina	U.S		DOWED DIVORCE		re City	M	D.
AAGE 2018	10. C	TY OR TOWN OF DEATH	11. NAME OF HO	DSPITAL, NURSING HOME, OF	OTHER INSTITUTION	12e USUAL OCCUPATION (	TYPE OF WORK 12	OR INDUSTRY	_
PAGE FILE FILE FILE FILE FILE FILE FILE FIL	I	Baltimore		blk. Spaulding	a Avenue	FOR MOST OF WORKING LIFE)		OK HADOSIKT	
D. 21201 IF ANY DELA 2, AND 3 TO 3, RETAIN PA 5, SHOULD BE 1, SECORDS,	USU	L RESIDENCE (IF IN NURSING HOM	E OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSION)		l			
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A SHIP		aryland		1 Daltimore	15. MOTHER'S MAIDE		sperry	Ku. 21213	=
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LTIMORE, ME FTER DEATH FRAGES 1, FORM PM GES 1 AND SION DEIVIT	{Y	ES, NO, OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)						1
L., BALTIMO URS AFIER ( B. GIVE PA WITH FORM II. PAGES 1 DIVISION		NO		1216-50-048	4   Juanita	Allen 4312	Reist		₫
ISTON ST., B. N 24 HOURS N 24 HOURS ALONG WIT SIT PERMIT. P. HYGIENE, DIV AOVAL.		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAUS	ED RY.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	4
AL ENERA			IATE CAUSE (o)	Sunshot wound	of Head (u	nspecified)			_
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W. PREST		Canditians, if any, while gave rise to immedia							
A PEN WARENTER WENTER W		cause (a) stating the underlying cause last.	DUE TO, C	OR AS A CONSEQUENCE OF					
ON SEE S		Tyling coose lost.	(c)						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.  1. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF  1. WRITING THE WORD "PENDING" IN PENCIL IN 17EM 18. GIVE PAGES 1, 2  1. RAMARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3  1. PAGE 3 SHOULD BE USED AS A BURNAL "TRANSIT PERMIT. PAGES 1 AND 2.  1. STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL.  1. JULY OF THE CHIEF MEDICAL CREMATION, OR REMOVAL.		PART 2 OTNER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PAI	RT 1 a			=
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SHOULD ORD "PE CHIEF AN E USED A URIAL, OURIAL, OURIAL	8	19a. DATE OF OPERATION	196 CONE	DITION FOR WHICH OPERATION	ON WAS PERFORMED?			20 AUTOPSY?	
₹ 583308	E							YES XX NO	
NEW YORK	8	210 EXTERNAL CAUSE WAS	21b. TIME (	OF INJURY SEAR	Ic. HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2	?)	_
SET OUT THE	X	UNDERLYING ANOR			subject was	shot			
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THIS WARE PAGE STATE						auturng Avenu	e, baru	J., P.C.	-
EXAMINER: CERTIFICATE ULD BE FORV DIRECTOR: WARYLAND,	-	220 I certify that I took cho	irge of the remains d	escribed abave, held an	Autapsy XX. Inspection	lnquiry L,	and in my opini	on	
MEG BE THAN		death resulted fom: Na	tural causes 🔲 ,	, Accident L., Suicide	Hamicide XX	Undetermined manner	],		
AAR WERE		ACTUAL WORLD		Lange 1	TITLE (SPECIFY)			4 5 05	
SHOULD ATH.	1	SIGNATURE	se de	WIND HIVE	<sub>M.D.</sub> _Assistan	MEDICAL EXAMINER	DATE SIGNED.	4-5-85	
MEDICAL CUTE THE SE 4 SHO FUNERAL TIMORE,		EXAMINER'S NAME		/				01001	
		(TYPE OR PRINT) Dei	nnis F. Sr	myth, M.D./	ADDRESS111	Penn St., Bal	to., Md	. 21201	
53.40.48 _	23a.B	JRIAL, CREMATION, REMOVAL		23c. NAME OF CEMETI		23d. LOCATION	COUNTY	STATE	=
BP		BÜRIAL	4/10/8	Eastviev	Memorial 1		re,	Md.	
DHMH - 17	24. F	JNERAL DIRECTOR	ADDRE	55		REC'D. BY REGISTRAR 256 RE			
(VR A15 ME (5))	W	m C March F,	H Inc.	1 101 E North	Avenue ADI	2 Q 100F	in Ariuta	n-Arndom	

20M 4/82

and completely filled in by the funeral oges ond 2 should be filed within 72

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	REG. NO.
1221	ATE OF DEATH HONGH

L	REGISTRAR			CERTII	FICATE OF DEATH	REG. N	10.			
	DECEASED NAME FIRST		MIDDLE		LÉN, IIÏ	20 DATE OF DEATH	MONTH DAY		26 HOUR 9.55	P
1	SEX	4 RACE	TL .		OF BIRTH	6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HR	S S
	Male	Whit	e	3		26		NTHS DAYS	HOURS MIN	4.
170	BIRTHPLACE I STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	ED NEVER MARRIED	9 BALTIMORE CITY		FDEATH		
1	Maryland	U.S.	Α.	WIDOW		Baltim	ore Cit	У	^	AD.
10	Baltimore	(IF NOT IN SUC	HOSPITAL, NURSING HEACHLITY, GIVE STREET A	ADDRESS)	OR OTHER INSTITUTION	176 USUAL OCCUPAT (TYPE OF WORK FOR MOST Security	OF WORKING LIFE)	126 KIND OF INDUSTRY Secur	Burnes	nc
1	SUAL RESIDENCE (IF NURSING HOME 30. STATE 13b. CC		Baltimor	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1729 E. B	/ZIP CODE altimor		,,,	23
14	I. FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST		
	William	H.		Jr.	Carolin			_	ith	
16	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS	21227		
L	NO	ONE WAR ON DATES;	218-70-0	223	William H. A	llen, Jr.	6620 Wa	shingt	on Blv	d.
F	18 CAUSE OF DEATH (Enter	r only one couse per	line for (a), (b), and	مرادات ا				APPROXIM BETWEEN O	NATE INTERVAL	н
	PART I. DEATH WAS CAL	JSED BY: DIATE CAUSE (D)	aroliop	ullu	conory a	rest		35	nui	
	Conditions, if any, which gove rise to immediate couse (a), stating the	(b)_A	RAS A CONSEQUE ESTECULO RAS A CONSEQUE	rcou	icer with r	uetoston	<u>A</u>	92	wonte	25
	underlying couse lost.	(6)	K AS A CONSEQUE	NCE OF						
		IT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	T NOT RELATED TO THE TERM	IN AL DISEASE OR CON	IDITION GIVEN	IN PART 10		=
	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	19b COND	ITION FOR WHICH	OPERATIC	ON WAS PERFORMED	200 AUTOPSY?		VERE FINDING NG CAUSES		_
			FINJURY M. MONTH DA	Y YEAR	21t. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	I I OR PART 2)		
13	(IF EITHER NOTIFY MEDICAL EXAM	DEATH		19						
	(IF EITHER NOTIFY MEDICAL EXAM)  21d INJURY OCCURRED  WHILE NOT WHILE	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC )	211 LOCATION STREET	CITY OR TO	DWN	COUNTY	STATE	
L	WHILE AT WORK AT WORK  220.1 certify that (I) (this ha	spital) attended th	a deceased from	41	2-3 10 85	4/2	10	85	hat (I) (we) la	
ı	sow the deceased alive above, (1) (we) (did) (did	on 4/23	19_0	05.0	nd that in (my) (our) opinion	deoth occurred on the o	late and hour a			151
ı	22b. SIGNATURE	Thor; view the body	offer deoffi.		DEGREE			22c. DATE S	IGNED	
L	M.	Mornile	6		ATTENDING PHYSICIAN	MEDICAL STA		14/2	3/85	pete
1	224 PHYSICIAN'S NAME (TY	PE OR PRINT)	10	4	27e ADDRESS	77 14 - 7				
1	101.70	IACIU	-/3			Hospital				_
1	Burial, CREMATION, REMOV (SPECIFY) Cremation				ty Process Cre	CITY OF TOWN	lle Be	1 timor	e Md.	
24	FUNERAL DIRECTOR	7/23	, 55	212	IS DAT	E REC'D. BY REGISTRAF				—
1	Hubbard Funeral	Home, In	c. 4107 W	ilke	ns Ave. A	PR 2 6 1985	Line D	andron 1	Panda 82	

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove corbon papers. I

ATTENDING PHYSICIAN. The la

retained by the hospital or

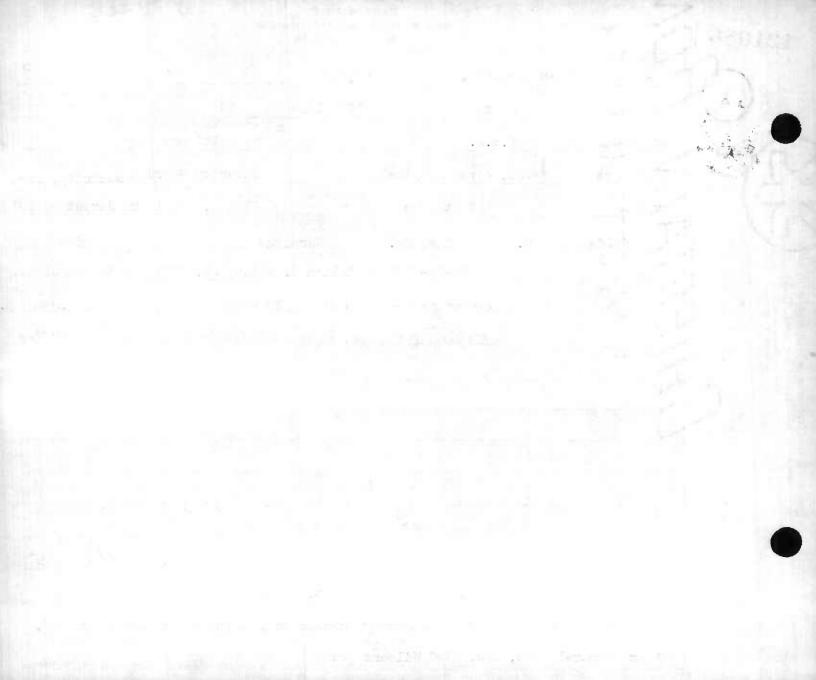
BP.

TO HOSPITAL

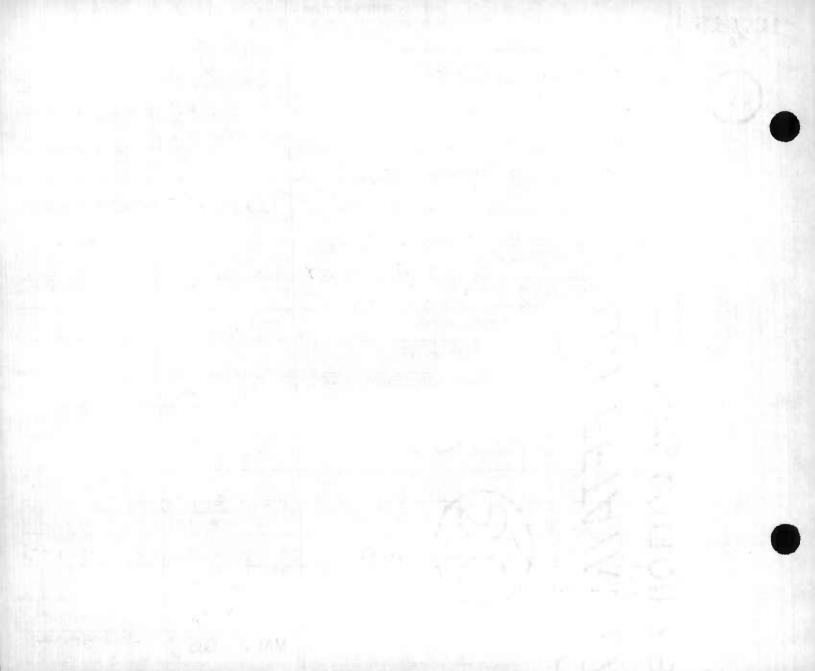
should be detached for use as the burial-transit permit. Then please remove it with the State Dept. of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If them 21 is marked at them 18 shows any injury, at ather traum

njury, ar ather troumatic event, th

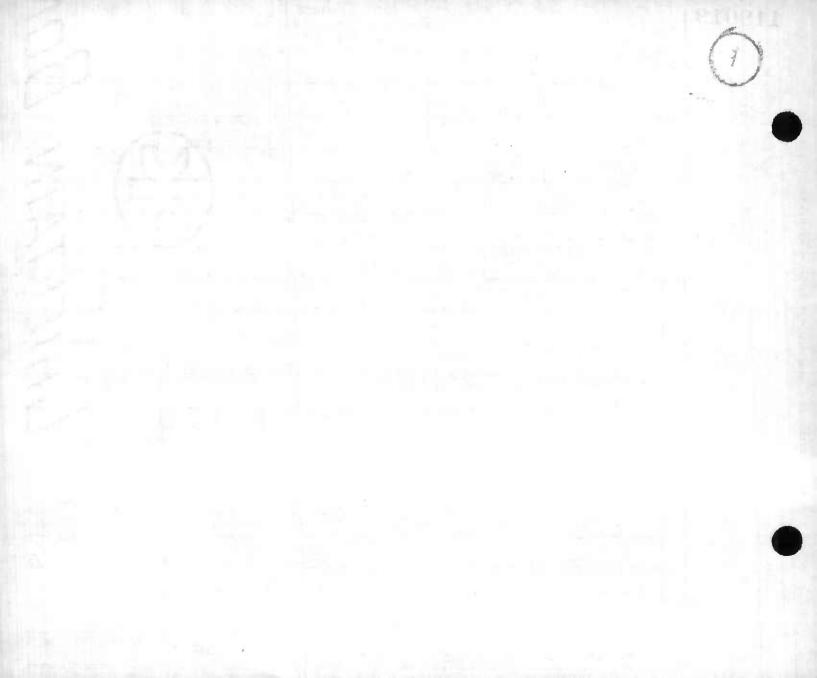
(VRA 15, 4)



127/15	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLI EALTH AND ICATE OF I	MENTAL HYG		J = 1	d la	
			irst A	ALTON	(	Sr.		REG.		Y YEAR	2h HOUR
(48)	3. SE		4. RACE	B	5. DATE O	OF BIRTH	YEAR 17	6. AGE (IN YEARS LAST	7 YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
See and See		RTHPLACE (STATE OR FORE COUNTRY) Maryland	U.S.		WIDOW		IVORCED 🖔	9. BALTIMORE CITY BALT	O City	,	M
by the tified will		BALTO	LUTTY	F HOSPITAL, NURSI WCH FACILITY, GIVE STREE TERAN	ADDRESS)	OR OTHER INS	TITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS		12b. KIND O INDUSTRY	F BUSINESS OR
y filled in should be ermust be	13a :	Maryland *	COUNTY	13c CITY OR TOV	VN	13d. INSIDE C	NO 🗌		SMAL	LWOOL	21216 S <del>/</del> .
completely 1 on d 2 s		John VAS DECEASED EVER IN	Norris	Alton	LIPITY NO		SMAIDEN NAMERIST USIE	MIDDLE	PRESS	Powe	11
rificate be executed to physicion and conpapers. Pages I emovol.			U.S. ARMED FORCES:	215-04-			e <b>y</b> Smit		thland		MATE INTERVAL
equires that the deat n signed by the otter Then please remove a roburial, cremation, injury, or other troum	NOI	Conditions, if ony, w gove rise to immed couse (o), stoting underlying couse PART 2 OTHER SIGNIFI	liote the DUE TO, (c)	OR AS A CONSEOU		NOT RELATED		INAL DISEASE OR CO	INDITION GIVE	N (N PART 110	31
JAN: The low r physicion. rificate has bee l-tronsit permit. of Hygiene prion in 18 shows ony	CERTIFICATION	19a DATE OF OPERATIO		OF INJURY	H OPERATIO			200 AUTOPSY?	IN CERTIFY		
ENDING PHYSICIAN: of or ottending physics NR. After this certifico use as the buriol-tran Health and Avental Hy is marked or item 18	MEDICAL CE	OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d. IN JURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22a.t certify that (1) {th	SE OF DEATH EXAMINER)  21e PLAC (AT HOME. 1	A.M. MONTH D.P.M. E OF INJURY STREET, FACTORY, OFFICE	FARM, ETC.)	211 LOCATION STREET	ON 19 83	RED (ENTER NATURE OF IN	30 19	COUNTY	STATE that (I) (we) lost
O HOSPITAL OR ATTE etioned by the hospital TO FUNERAL DIRECTO should be detoched for with the Stote Dept of MPORTANT: if them 21		sow the decepted obove, (I) (we) fold 22b SIGNATURE	Dive did not see the 1000	Sy after death.		DEGREE	ATTENDING PHYSICIAN [	MEDICAL ST	TAFF 14	22c. DATE	
Bb TO HO	23a.	BURIAL, CREMATION, REA	MOVAL 23b. DATE 5/4/8			EMETERY OR		23d LOCATION CITY OR TOWN		COUNTY	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	Burial  UNERAL DIRECTOR  NAME  William C.		ADDRESS			emetery 250 DAY	TBaltimor	e Count	AR'S SIGNA	fandelle



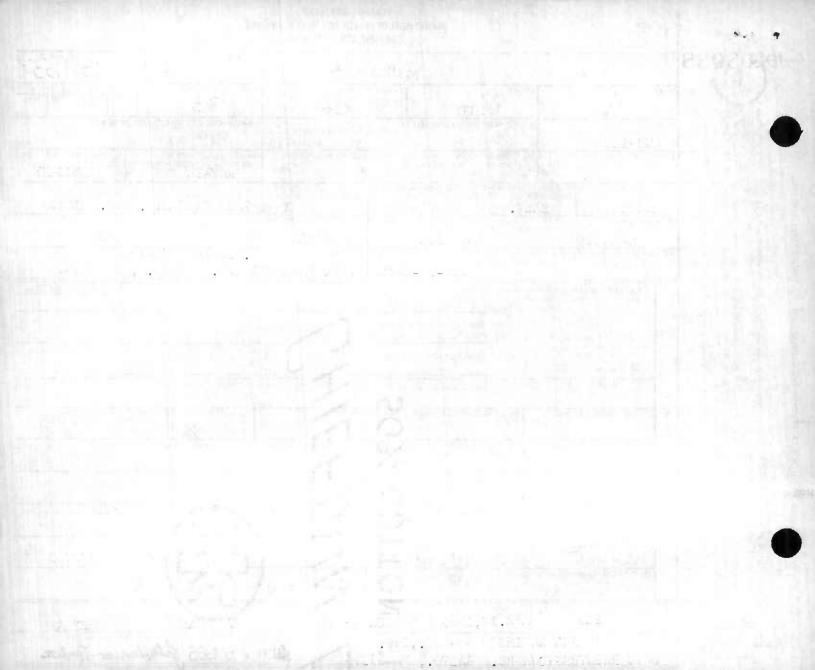
19019	1 -	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND & HEALTH AND MENTAL HYDER FICATE OF DEATH	GIENE REG. NO.	<b>3 3</b>
( 1 )		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	3 05	STELL	1 1019		AMBROSE	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 IRS
offer.	.3. SEX		4 RACE	5 DATE MONT		05	MONTHS DAYS HOURS MIN.
2 de 19 de 1		FEMALE RTHPLACE (STATE OR FOREIGN OUNIRY)	76 CITIZEN OF WHAT	COUNTRY? 8 MARRIE	2 28 /889 D NEVER MARRIED D	9 BALTIMORE CITY OR COUNTY	OF DEATH
122		rginia	U.S.A.	WIDOW	ED DIVORCED	Baltimore City	MD.
1 30		or town of DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY St. Agnes	, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Hairdresser	12b. KIND OF BUSINESS OR INDUSTRY Self employ
35	Ma 14 FA	THER'S NAME	timore Ar	DENCE BEFORE ADMISSIONI Y OR TOWN OUTUS	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / ZIP CODE 1328 Sulphur Sp	pring Rd. 21227
YDU	Ch:	arles C. Ayres	MIDDLE	LASI	Mary Catheri	ne Baker	LAST
Poges			IVE WAR OR DATES)	CIAL SECURITY NO. 6-24-3338A	17 INFORMANT	orose Jr. 1328 Su	alphur Spring Rd.
has been signed by the attending permit. Then please remove carbene prior to burial, cremation, or a grey any injury, or ather traumotic	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  Jeyper Zw.  19a DATE OF OPERATION	DUE TO, OR AS A C (c) PNO  CONDITIONS CONTRIBUTE  TENTO  (D) CONTRIBUTE  (E) CONTRIBUTE  (C) C	UTING TO DEATH BU	Miner, Cor	gestive heart in fetting and infetting rinal disease or condition gives a property of the certific results of the certific res	S, WERE FINDINGS USED YING CAUSES OF DEATH?
ficote h tronsit p Hygier 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		Y ONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	
After this certifies as the burial-trails althoud Mentol marked or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINI 21d, INJURY OCCURRED  WHILE AT WORK AT WORK	P.M. 21e PLACE OF INJU	JRY ORY OFFICE, FARM ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
for us of He 21 is		220.1 certify tha (1) this has saw the deceased olive a abave (1) (we fide) (did n 22b. SIGNATURE			nd that in (my) (aur) apinion	death accurred on the date and have	19 that (II) (we) last and from the causes stated
FUNERAL DIRECTION BY THE State Dept.		22d. PHYSICIAN'S NAME (TYPE	le L OR PRINT)		ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	4/18/8
should be with the Simport A		Lee, L	100nhea		St. K	Igner Tho	n.
F 20 3 5 1	(	URIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
		urial	4/22/85	Westerr	Cemetery	Baltimore Cit	
MH - 16 60M 7/B4 (VRA 15, 4)		brose Inc. 132	8 Sulphur Sp	ADDRESS Oring Rd 2	1227   Z50. DA	PR 2 2 1985	HERS SIGNATURE



6010 REISTERSTOWN RD. BALTO. MD 21215

(VRA 15, 4)

STATE OF MARYLAND



FOR

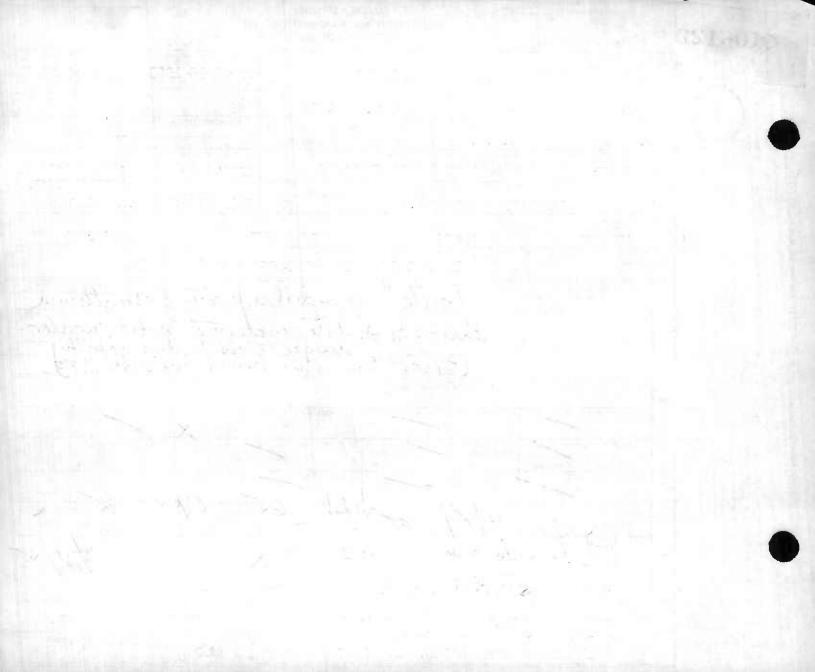
STATE OF MARYLAND

	1.	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.				
		CEASED NAME PRIT		MODE	AMOS	SS		OF DEATH 9 MONTH L <del>10</del> 1985	Sav	YEAR	та нос 4 : 2	P
1	1. SE	X	4. RACE		5. DATE O		& AGE (	N YEARS LAST BRINDAY	# LPHTE INCHITHS	DAYS	# UNION	24 m25. M3%.
1		MALE	WHITE			17 1935	49	YR				
1		RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED.		ORE CITY OR COU		HTA		
4	- 22	D. ITY OR TOWN OF DEATH	U.S.A		WIDOW	DIVORCED DIVORCED DIVORCED		ALT'IMORE (	delication in the party of	V SAN CO	F BUSIN	MD.
2	В	ALTIMORE	WYMAN	PARK HEAT	TH SI		CTREE OF W	TSMAN	EN EN	VIIC	NMEN	
5	Tan. 5	AL RESIDENCE IN MUDICION COUNTY COUNTY DE BALTI	ITY	BALITIMO	m.	YES NO K		DANIELS Z	AVE.	MEN1 212	100	œ.
d	) FA	MILTON	WEDLE	AMOSS		IS MOTHER'S MAIDEN NA		welloss	DES	PEAL	X	
>	Mu. V	NAS DECEASED EVER IN U.S. AR.	MED FORCES?	213-32-3		AUDREY AMOS	s (WI	FE) SAME	ADDRE	SS	51	
2	CERTIFICATION	PART 2. OTHER SIGNIFICANT O	ONDITIONS C		DEATH BUT	MONICATED TO THE TERM	20s At	TOPSY? ZOL IF	GIVEN IN I	EFINDIN	NGS USE OF DEA	TH?
-	CERT	TIE ACCEDENT WAS INDERESTRAD.	216 TIME C	OF INJURY	AY YEAR	21c HOW INJURY OCCUR	RED CENTER		IR PART I DE	FIRST III	NO [	-
	CAL	IN EITHER NOTEY MEDICALEXAMINER	P	м.	19							
	MEDICAL	214 INJURY OCCURRED		OF INJURY	MACHICI	THE EOCATION		Office town	03	OHTV	- 2	51410
		22a.1 certify that (I) (this haspi saw the deceased after a above (I) (as just) the no 22b. SIGNATURE		after yeath.	85	nd (at in (my) (to punion ) DEGREE				rom the	that (I) ( course st	ated
		274 PHYSICIAN'S NAME LITTLE OF	uk?	Jus -	1	AD ATTENDING PHYSICIAN )	MEDICA	H PHYSICIAN	5	9	15/	85
		DR. FRANK	. I L	ASIK	MD	9005 HARE	FORD I	RD.			/	T
	73u. i	BURIAL CREMATION, REMOVAL CREMATION	4/13/85	A STATE OF THE STA	NAME OF C	EMETERY OR CREMATORY		ALTIMORE	COLM	fr.	MD.	STATE
	24.Ft	UNERAL DECEMBALINEK I	UNERAL	HOME, IN	C.	25a. DAT	TE REC'D. B	Y REGISTRAR 256, REC	GISTRAR'S	SIGNA	HELARE	-

DHMH - 16 50M 4/83 (VRA 15, 4)

3331 Brehms Lane, Balto. Md. 21213

APR 1 1 1985 0



# CTATE OF MADVIAND

DDLE	LAST			REG. 1	MONTH	DAY	YEAR	26 HOL	JR .	
And	erson			April 13.		- [-]		12:45PM		
	5. DATE OF BIR			6 AGE IN YEARS LAST !		IF UNDE	_	IF UNDER		
ack	MONTH 4	7	19	6.5	YRS.	MONTHS	DATS	HOURS	MIN,	
HAT COUNTRY?	MARRIED X	NEVER A	ARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH			
Α.	WIDOWED	DN	ORCED [	Baltimor	e City	7			MD	
OSPITAL, NURSIN		HER INST	ITUTION	120 USUAL OCCUPA	TION	12b	KIND C USTRY	F BUSINI	ESS OR	
d Genera	1 Hospit	al								

male b 1 76. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF W COUNTRY S. Carolina U.S. IN CITY OF TOWN OF DEATH NAME OF H (IF NOT IN SUCH Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE 113b COUNTY Maryland 1211 E Laravette TES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST MIDDLE FIRST MIDDLE Willie Stukes Anderson Marv ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 27882 LYES NO OR UNKNOWN Janet Davis P.O.BOX 613 Spring HopeNC 239-12-5181 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line lar to), (b), and ic. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF (b) Metastatic Carcinoma of Lung Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOIS NO [ 71n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 71e. PLACE OF INTURY COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220 | certify th (1) (this hospital) attended the deceased from March 23 1985, to APP1 13, 19 00, that (we) to we the deceased alive on APP1 13, 1985, and that (WA) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on ADY11 13, obove, XI) (we) (did) XXXX view the body after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

0

8

DIVISION OF VITAL RECORDS,

DHMH - 16 60M 7/84 (VRA 15. 4)

24 FUNERAL DIRECTOR

BURIAL

22d. PHYSICIAN'S NAME (TYPE ORPRINT)

230. BURIAL, CREMATION, REMOVAL

FOR - STATE REGISTRAR DECEASED NAME

TYPE OR PRINT

SEX

FIRST

Joseph

4. RACE

23b. DATE 4/18/85

c/o Maryaand 231. NAME OF CEMETERY OR CREMATORY Eastview Mem. Pk.

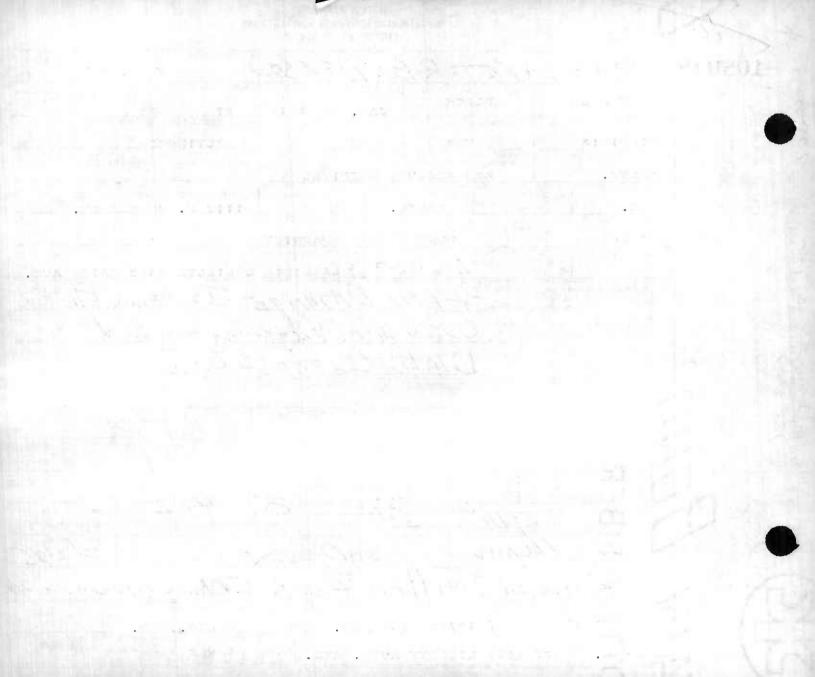
22e ADDRESS

General Hospita Ball'imore,

Md STATE

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Wm C March F/H Inc. 1101 North Avenue

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2a DATE OF DEATH MONTH 26. HOUR I. DECEASED NAME 108048 85 IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH 6 AGE | IN YEARS LAST BIRTHDAY) IF UNDER TYEAR MONTH DAY5 HOURS FEMALE BLACK 28 1918 JAN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY VIRGINIA USA WIDOWEDXX DIVORCED BALTIMORE 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTO. BON SECOURS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13ª STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? MD. BALTO. YES X NO 1119 N. MONROE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE MIDDLE LAST FIRST CHARLES HUNTER HARRIET ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) NO LAGLORIA DELILLYE 4402 18 CAUSE OF DEATH (Enter only one cause pe PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE PRESTON Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lig-Po CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 198 DATE OF OPERATION à. IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ DIVISION OF VITAL 21a ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE AT WORK NOT WHILE 220.1 certify that (1) (this hospital) oftended the deceased from saw the deceased alive an. and that in (my) (our) opinion death occurred on the date and have and from the causes stated above, (1) (we) (did) (did nat) yiew the bady after death 22¢ DATE SIGNED DEGREE ATTENDING MEDICAL STAFF FUNERAL DIRECTOR PHYSICIAN PHYSICIAN S NAME LIYPE OF PRINT 22e. ADDRESS d b MPORT 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OF TOWN COUNTY (SPECIFY) BURIAL BP 18/85 KING MEM. PARK BALTO. MD. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNALURE DHMH - 16 50M 4/83 greke Laireson Handell DYETT 4600 LIBERTY HGTS. AVE. (VRA 15, 4)



129066	Film G604 item 1-STATE 6/685 rja	16a
20000	PEGISTRAP	

STATE OF MARYLAND & 5
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. N	10.					
	ECEASED NAME	FIRST	,	MIDDLE	l,	AST		2a. DATE OF I			DAY YEAR	2b.	HOUR	_	
(1A)	PE OR PRINT)	PAUL	A	LBERT	AN	DERSON				4 2	9 198	5		M	
3. SI	EX		4 RACE		S. DATE C			6. AGE (IN YEA	RS LAST BI	RTHDAY)	IF UNDER 1 YE		UNDER 74 H	_	
	MALE		BLACK		MONTH 5	04	1934	50		YRS	MONTHS DA	15 HO	DURS M	AIN.	
7a 8	BIRTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.		MARRIED	9 BALTIMOR	E CITY O		Y OF DEATH	FDEATH			
M	ARYLAND		U. S.	WIDOWE		NORCED	Balti	more	City	,	MD.				
10.0	O CITY OR TOWN OF DEATH		11. NAME OF H	120. USUAL OF			JSINESS	OR							
B	ALTIMORE		3228 Yo	Clerk		Or VI ORKING (		Post Office							
USU 130.	UAL RESIDENCE (I	F NURSING HOME C	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE	CITY LIMITS?	13e STREET AL		/ 71P COD	<sub>E</sub> 3515	Den:	ison	Ro	
M	aryland	Sugar and St.		Baltimo		YES X	NO 🗌				vland				
14. F	ATHER'S NAME		MIDDLE	LAST		15. MOTHER	'S MAIDEN NA		MIDDLE	-		LAST			
	Rober	t	E.	Anderson	n		Anna				Rob	ert			
	WAS DECEASED EVER IN U.S. A		RMED FORCES?	166 SOCIAL SECURITY NO.		17 INFORMANT			ADDRES 3515			Denison Road			
	No yes 19		58-1962	215-30-7	5-30-7658		dette D	. Ander			imore, Md. 2121				
1	18 CAUSE OF I	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Chronic Theoreset 175														
	DUE TO, OR AS A CONSEQUENCE OF 1														
	Conditions, if ony, which ( (b) Chronic Lette Weer Brains														
	gave rise to immediate														
10	couse (o), stoting the Underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF														
	underlying couse lost.														
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110														
NO	Osteowethribis														
1	190 DATE OF OPERATION		196 CONDITION FOR WHICH OPERATION WAS PERFORMED					200 AUTOF	SY?			VERE FINDINGS USED			
E							YES NO			PRTIFYING CAUSES OF DEATH?  YES NO NO					
CERTIFICATION	210. ACCIDENT W	210. ACCIDENT WAS UNDERLYING 21b. TIME			FINJURY M. MONTH DAY YEAR					URY IN ITEM 18	PART I OR PART	2)			
		CAUSE OF DE	AIR		19										
MEDICAL	21d INJURY OC		21e. PLACE	DEINJURY 211 LOCATION						COUNTY		STATE	_		
Z	WHILE O	WHILE NOT WHILE AT WORK			TREET, FACTORY, OFFICE FARM, ETC ) STREET				CITY OR TO	JWN	COUNTY	COUNTY STATE			
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	sow the de	eceosed olive o	7-1		5	nd that in (my	) (our) opinion	deoth occurred	on the d	dote and ho	ur and from (	the cous	ses stoted	4	
	22b. SIGNATUR	NATURE DEGREE								22c. DA	224. DATE SIGNED				
Н	1 fox	MILA	Com H	ATTENDING PHYSICIAN II					AFF CIAN [	5-	5-3-85				
1	22d. PHYSICIAN'S NAME (TYPE ORPRINT) 22e ADDRESS														
	PERC	PERCIVAL C. SMITH , M.D. 4605 EDMONDSON AVENUE										d. Y			
230.	BURIAL, CREMAT	ION, REMOVA	L 23b. DATE	23c. N	NAME OF C	EMETERY OR	CREMATORY	23d LOCAT	ION		COUNTY		STATE		
		rial	5/3/2	1985 Mt	. Aub	urn Ce		Balti	more		Ma	aryl	and		
24 1	FINERAL DIPECS	PRSons	2501 (	wynns Fa	lls P	arkway	25a DAT	E REC'D. BY RE	GISTRAF						
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BALTIMORE, MD. 2120) S AFTER DEATH IF ANY GIVE PAGES 1, 2, AND TH FORM PM 3, RETA PAGES 1, AND 2 SHOUL WISION OF WAY REC	7	No	, (		56	64-78-5	609	K	athy	And	ree		San	ne			
: 503-0		18 CAUSE O	F DEATH (Enter an	ly ane cause p	er line far (	a), (b), and (c).)								BETY	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH	
N S HO	_	O1-	ATH WAS CAUSED	TE CAUSE (a)_	The	ermal Ir	jurie	s									
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DANGER	23c. E	URIAL, CREMA	TION, REMOVAL 2	3b. DATE		23c. NAME OF				23d. LOC	ATION		CO	YINL	ST	ATE	
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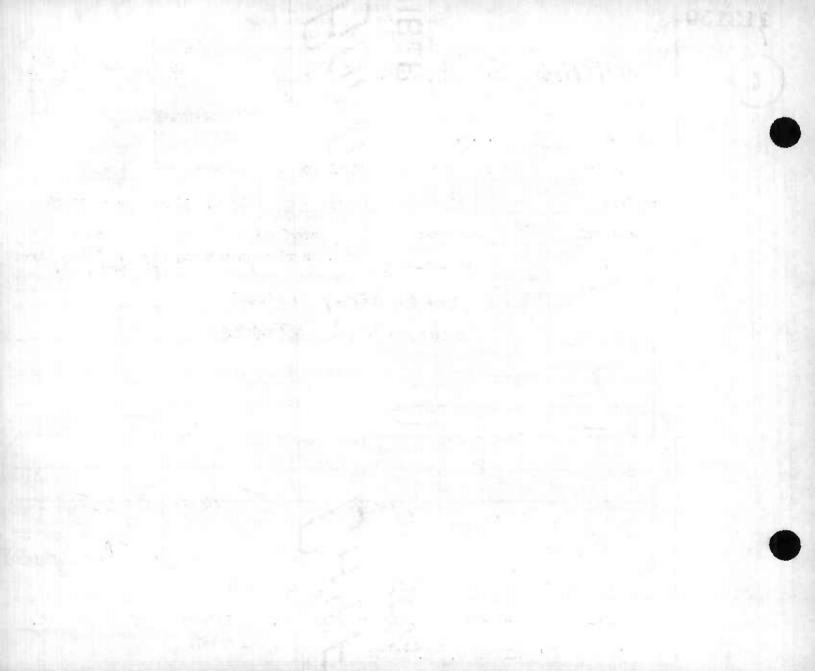
STATE OF MARYLAND

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STATE OF MARYLAND 13150 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH DECEASED NAME IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX & AGE (IN YEARS LAST BIRTHDAY) OTAR OTAR Male White 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Greece U.S.A. Baltimore City DIVORCED | WIDOWED | 10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR LIYPE OF WORK FOR MOST OF WORKING LIFET Food Francis Scott Key Medical Center Baltimore Restaurateur USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 136 COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE filled bould b 1134 INSIDE CITY LIMITS? 813 S. Oldham Street 21224 Maryland Baltimore YES XX NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME and 2 MIDDLE FIRST Sacka Emmanuel Paraskevi Antonakas Mrs. Harriet Antonakas, 813 S. Oldham Street 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-07-5363A Baltimore, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED E. IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 210. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 50 21d. INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 220.1 certify that (1) (this hospital), attended the deseased from sow the deceased alive on 16 Centra and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death. 22c DATE SIGNED 226. SIGNATURE DEGREE ATTENDING STAFF MEDICAL TO FUNERAL D should be detoo with the Stote D PHYSICIAN DIRECTOR PHYSICIA MPORTANT 224 PHYSICIAN'S NAME (TYPE OR PRINT 77e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIF Burial Baltimore Baltimore 4-19-85 Greek Orthodox Cem. 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR'S SIGNATURE Ann & Matthews, DHMH - 16 50M 4/83 3021 Eastern Avenue Baltimore, Md. 21224 (VRA 15, 4)



		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	AY YEAR 26 HOUR
	[IANE	CAMI	T.T.O J A	RCILESI	APRIL 19, 198	5 12:30Æ
	3 SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24 HRS
	1	Male	White	March 20, 1915	70 YRS	ONTHS DATS HOURS MIN.
71		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED TO NEVER MARRIED	RAITIMORE CITY OF COUNTY O	OF DEATH
()		Maryland	U.S.A.	WIDOWED DIVORCED	BALTIMORE CI	TY MD.
70	,10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR
		ALTIMORE /	JOHNS HOPKIN		Ret. Sheet Meta	Worker
7£	13a. S	STATE N36/COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE  JNTY 13c. CITY OR TOW		13e.STREET ADDRESS / ZIP CODE	
1			timore Parkvil		6803 Collinsda	ale Rd. 21234
21	A. FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	WIDDLE	LAST
1		Salvatore	Arcilesi ARMED FORCES? 166 SOCIAL SECU		ADDRESS	Incrocci
2	180 V	VAS DECEASED EVER IN U.S. A YES, NO ORUNKNOWN) (IF YES C	GIVE WAR OR DATES)  212-07-5			21234
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		Canditions, if ony, which gove rise to immediate couse (a), stating the		STEE TRANSPORTE CENT		19(0)
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	NO	underlying couse lost	(c)		rminal disease or condition gives	N IN PART 110
1	CATION	underlying couse lost	(c)		20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
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79		UNDERLYING COUSE TOST.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETTHER, NOTHY MEDICAL EXAMIN  21d. INJURY OCCURRED	CONDITIONS CONTRIBUTING TO D  198. CONDITION FOR WHICH  218. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED  216. HOW INJURY OCCU	20a AUTOPSY?  20b. IF YES, IN CERTIFY YES NO.	WERE FINDINGS USED ING CAUSES OF DEATH?
79	MEDICAL CERTIFICATION	UNDERLYING COUSE TOST.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE AT WORK NOTHINE AT WORK	19b. CONDITION FOR WHICH  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH DA JERI 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F.	OPERATION WAS PERFORMED  216. HOW INJURY OCCU	200 AUTOPSY 2  200. IF YES, IN CERTIFY  YES NOW YES  RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	WERE FINDINGS USED ING CAUSES OF DEATH? NO NO COUNTY STATE
79		UNDERLYING COUSE TOST.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF B (IF ETHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN  22a.1 certify that (1) (this has	19b. CONDITION FOR WHICH  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY (AI HOME STREET FACTORY, OFFICE, F.	OPERATION WAS PERFORMED  21c. HOW INJURY OCCU 19 21f. LOCATION STREET	200 AUTOPSY 2  200. IF YES, IN CERTIFY YES NOW YES  RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR  CITY OR TOWN	WERE FINDINGS USED ING CAUSES OF DEATH? NO NO COUNTY STATE
79		UNDERLYING COUSE LOST.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEPARTMENT OF CONTRIBUTING ALL SAMIN THE LAT WORK NOTHER ALL WORK NOTHER LAT WORK NOTHER LAT WORK SOW the deceased office obove, (I) (we) [did] (did of did)	19b. CONDITION FOR WHICH  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY (AI HOME STREET FACTORY, OFFICE, F.	OPERATION WAS PERFORMED  21c. HOW INJURY OCCU 19 21f. LOCATION 21f. LOCA	200 AUTOPSY 2  200. IF YES, IN CERTIFY  YES NOW YES  RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	WERE FINDINGS USED ING CAUSES OF DEATH? NO COUNTY STATE  STATE  STATE
79		Underlying couse lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE AT WORK NOTIFY WHILE AT WORK AT WORK  22a.1 certify that (1) (this has sow the deceased alive or	19b. CONDITIONS CONTRIBUTING TO D  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY (AI HOME STREET FACTORY, OFFICE, F.	OPERATION WAS PERFORMED  21c. HOW INJURY OCCU  Y YEAR 19 21f. LOCATION STREET  OND HOW INJURY OCCU  ARM ETC.)  DEGREE  ATTENDING	200 AUTOPSY 2 206. IF YES, IN CERTIFY YES NOW YES NOT THE NATURE OF INJURY IN JEM 18 PAR CITY OR TOWN	WERE FINDINGS USED ING CAUSES OF DEATH? NO NO COUNTY STATE
79		UNDERLYING COUSE LOST.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTHY MEDICAL EXAMIN  210. INJURY OCCURRED  WHILE AT WORK  220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did to 27b). SIGNATURE	19b. CONDITIONS CONTRIBUTING TO DE CONDITIONS CONTRIBUTING TO DE CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH DATE P.M.  21e PLACE OF INJURY (AI HOME STREET FACTORY, OFFICE, F. DITTO) ptypidal the deceased from 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	OPERATION WAS PERFORMED  21c. HOW INJURY OCCU  21f. LOCATION STREET  OPERATION WAS PERFORMED  21f. HOW INJURY OCCU  21f. LOCATION STREET  ACM ETC.)  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  200 IF YES, IN CERTIFY YES NOW YES  IRRED (ENTER NATURE OF INJURY IN ITEM 18 PAR  CITY OR TOWN  10 10 11 11 11 11 11 11 11 11 11 11 11 1	WERE FINDINGS USED ING CAUSES OF DEATH? NO COUNTY STATE  STATE  STATE
79		Underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE AT WORK  22a. I certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did of 2). SIGNATURE	19b. CONDITIONS CONTRIBUTING TO DE CONDITIONS CONTRIBUTING TO DE CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH DATE P.M.  21c. PLACE OF INJURY (AI HOME STREET FACTORY, OFFICE, F.)  21c. PLACE OF INJURY (AI HOME STREET FACTORY, OFFICE, F.)  21c. PRINT)	OPERATION WAS PERFORMED  21c. HOW INJURY OCCU  Y YEAR 19  21f. LOCATION STREET  ARM ETC.)  DEGREE ATTENDING PHYSICIAN  22e. ADDRESS	200 AUTOPSY?  YES NOW YES INCERTIFY YES NOW YES IRRED (ENTER NATURE OF INJURY IN ITEM 18 PAR  CITY OR TOWN  MEDICAL STAFF DIRECTOR PHYSICIAN	WERE FINDINGS USED ING CAUSES OF DEATH? NO COUNTY STATE  STATE  STATE
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MACCARAS. II HER Z. I. SHOKKO OF HER TO SHOW TO YELLOW	MEDICAL	Underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE AT WORK  22a. I certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did of 2). SIGNATURE	19b. CONDITIONS CONTRIBUTING TO D  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21b. PLACE OF INJURY (AI HOME STREET FACTORY, OFFICE, F. 21b. TIME OF INJURY (AT HOME STREET FACTORY, OFFICE, F. 21b. Date of the deceased from 19 20 20 20 20 20 20 20 20 20 20 20 20 20	OPERATION WAS PERFORMED  21c. HOW INJURY OCCU  Y YEAR 19  21f. LOCATION STREET  ARM ETC.)  DEGREE ATTENDING PHYSICIAN  22e. ADDRESS	200. AUTOPSY?  YES NOW YES, IN CERTIFY YES NOW YES  IRRED (ENTER NATURE OF INJURY IN ITEM 18 PAR  CITY OR TOWN  MEDICAL STAFF DIRECTOR PHYSICIANT  "H WOLFE STREET	WERE FINDINGS USED ING CAUSES OF DEATH? NO NO COUNTY STATE  1 OR PART 2)  COUNTY STATE  1 that (I) (we) lost and from the causes stated

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Sherry Deetl result, or

MIDDLE Mayfield ADDRESS Violet Arthur 1200 Carroll Heights Blyd BETWEEN ONSET AND DEATH RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 21 CITY OR TOWN COUNTY STATE £5\_, and that in (aur) apinian death accurred on the date and have and from the causes stated 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN LOCH RAVEN BLVD BALTO, MD 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 73b DATE April 30,1985 Wadestown Cemetery Burial Wadestown West Virginia 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 7922 Wise Ave. 12 Dayson-Handell Duda-Ruck Funeral Home Baltimore, Maryland

REG. NO

MONTH

7b. HOUR

12b KIND OF BUSINESS OR

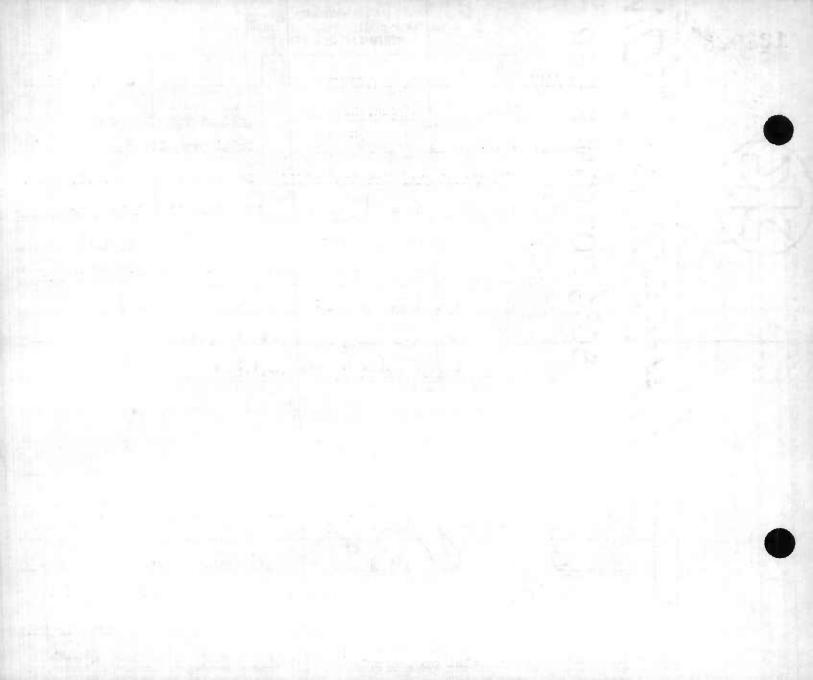
Corp. 21740

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INDUSTRY

P.S.T.

DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE



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3 3	1-	FOR STATE	DE		IEALTH AND MENTAL HY ICATE OF DEATH	GTENE	
120903	1 05	REGISTRAR FIRST	MIDDLE		AST	REG. NO.  120. DATE OF DEATH MONTH	DAY, YEAR 26. HOUR
	(TYPE	OR PRINT)	1.	04	Atchison	4-	18-85 7:250
( lat)	3 SE:	) Daka	4 RACE	5. DATE O	DE BIRTH 3 0 0 5	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Female	BlAck	MONT		-8-0- 79 Y	RS. 245 DAYS HOURS MIN.
Seath Page 2		RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED DIVORCED	Baltimore city or cou	RECITY MD.
400	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME (	OROTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKE	12b. KIND OF BUSINESS OR INDUSTRY
212	USU	AL RESIDENCE (IF NURSING HOME OF		E BEFORE ADMISSION)	113d INSIDE CITY LIMITS?	13e. STREET ADDRESS	
9 4 1856	130.	MD		timore	YES NO .	218 N. Hil	ton St. 21229
1 152/0	14. FA	THER'S NAME FIRST	MIDDLE		15 MOTHER'S MAIDEN N.		LAST
		Nicholas	Edm	L SECURITY NO.	Sallie	ADDRESS	
BALTIMORE casts he rescu hyposes and c coper. Popes cost. the gredico			E WAR OR DATES)		17. INFORMANT		1
4 55 7	-	NO		26-43950	James T.	mason 2224	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
m n. 7 2 9		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line far (a), ED BY: TE CAUSE (o)	. 0:	respuntion	anest	BETWEEN ONSET AND DEATH
on S direg or to or to		IMMEDIA	DUE TO, OR AS A CON	Water State of the Control of the Co	1		
RESTON  death c  ottendir  nave cart  otion, ar		Conditions, if any, which	/ .		senere area	io selerogi	3416.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The low requires that the death centre of the office of the searth care has been signed by the offending as the buriol-transit permit. Then please remove carbon th and Mental Hygiene prior to buriol, cremation, at the order of the shows any injury, are other troumatic extends or the stocked or tiem 18 shows any injury, are other troumatic extends.		gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CON	ISEQUENCE OF			
201 es the pleos uriol,		PART 2 OTHER SIGNIFICANT	(c)	IG TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	I GIVEN IN PART 1(a)
RDS, a signine signine r to bu injury,	NO O						
low r	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
ITAL RI Sicron. are hos nost per shows	RTIF		THE OF INTERP		Tan How Bulley occur	YES NO	YES NO
IAN: TI physicate infrate -transif of Hygi		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT		THE HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	A 18, PART I OR PART 2)
PHYSICIAN: ending phys this certifica te buriol-tran ad Mental By d or term 18	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	19	211. LOCATION		
DIVISION DING PHY or otherdi After this e as the bu alth and M morked or	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
O O O O E		220.1 certify that (I) (this hosp	11 1 6	//	1-1 19-85		, 194, that (1) (we) lost
F = 20 4 0.		saw the deceased alive on above, (1) (we) (did) (did so	ot view the body after death.	19_4	nd that in (my) (our) opinion	deoth occurred an the date and	hour and fram the couses stated
the hosp the hosp tocked f e Dept. e bept. if them 2		22b. SIGNATURE	Л	N. B. W. P.	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
TAL by # ERAL State		22d. PHYSICIAN'S NAME (TYPE O	maden		PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSICIAN	4/19
TO HOSPITAL retoined by the TO FUNERAL should be det with the State IMPORTANT:		JAIME	PUNZAL	AN	5214	Harford vo.	Balto, mg.
71 5 × 3		URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial	4/23/85	Mt. Ca	lvary Cem.	Anne Arur	
DHMH - 16 50M 7/77 (VR A 15 (4))		UNERAL DIRECTOR  M. C. March	F/H 1101 E	RESS Morth	730. DA	ADD O O TOP	wa Davidson-Mandala
	147	a. C. March	TIOT E	. INOL CI	Ave.	AFRAGE "	

FOR STATE

REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT & HYGTENE CERTIFICATE OF DEATH

I DE	CEASED NAME FIRST		MIDDLE							DAY	YEAR		
	F OR PRINTI	ENA		AU	ISTIN	/	2a. DATE O	, DEATH	44 :		28	26 HOL	
3. SE	Fernail	1. RACE BE	ack	5. DATE	OF BIRTH	YEAR 64	6 AGE (IN	YEARS LAST BIRT	HDAY) YRS.	MONTHS	DAYS	HOURS	R 24 HRS
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	AL RESIDENCE (IF NURSING HOME OF STATE 13b COL			TOWN IMORE		EITY LIMITS?	13e.STREET	ADDRESS /	ZIP COE	AV	E	212	15
14 FA	ATHER'S NAME FIRST  MC Raymond	WIDDLE	Norring			R'S MAIDEN N FIRST Hilda	AME	WIDDLE			Her	son	
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (16 YES, C	RMED FORCES?		SECURITY NO.		Smith	5575 Balt	Kennimore.	1son Mar			21:	215
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE)	only one couse pe			1111111	-	2020	211020			APPROXI BETWEEN		
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)_	SEPT	SEQUENCE OF	ALLU		ole						
NOI	gove rise to immediate couse (a), stating the	(b)_ DUE TO, (c)_	SEPT Dras a cons LIVE	SEQUENCE OF	ALLU	RE	MINAL DISEAS	SE OR COND	DITION GI	IVEN IN	PART II		
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DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

Burial 5/2/1985 Maryland National 24 Note: Perfective Sons 2501 Gwynns Falls Parkway Funeral Home, Inc. Baltimore, Maryland 21216 24 NYTHE HOME GOSONS (VRA 15, 4)

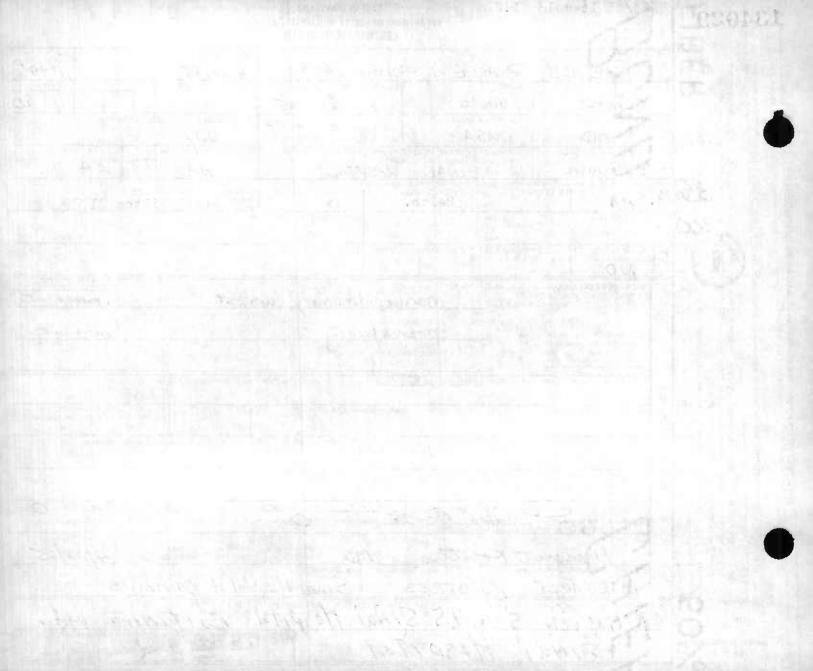
Laurel, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

La Davidson-Randale

Maryland

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y be death	(   YPE	REGISTRAR CEASED NAME FIRST OR PRINGBACHTELL,	100	no th	er Avi		4/22/85	MONTH DAY		26 HOUR 11:40 PM
e 4 mo	3. SE	FEMALE	1. RACE White	5. DATE (		YEAR 85	6. AGE (IN YEARS LAST BIRT		JNDER I YEAR	HOURS MIN.
of Popularies		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER M		9. BALTIMORE CITY OF		DEATH	MD.
and the second	io Çi	TY OR TOWN OF DEATH Baltmore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET SINAL)	NG HOME	OR OTHER INSTITUTION		120 USUAL OCCUPATION OF WORK FOR MOST OF	ON F WORKING LIFE)	126 KIND OF BUSINESS OF	
filled in	USU,	AL RESIDENCE (IF NURSING HOME OR ITATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CI	ITY LIMITS?	344 North	ZIP CODE Hiltor	2122	9
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( 18 )/		VAS DECEASED EVER IN U.S. AR VES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECT	JRITY NO.	17. INFORMA	NT	ADDRE	SS		
physical phy		PART I. DEATH WAS CAUSE	olly ane cause per line far (a), (b), and D BY:  [E CAUSE (a)]		Imona	ev ar	rest	HEFT E	APPROXIM BETWEEN O	MATE INTERVAL ONSET AND DEATH
Ures that the death or ughed by the attending the please versions can't buriof, gremation, or uny, or atter traumatic	z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUE (b) PCE  DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	Ma F	0	TO THE TERM	INAL DISEASE OR CONL	DITION GIVEN		diote
the low requirement to permit The construct to	CERTIFICATION	196 DATE OF OPERATION	18 CONDITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20s. AUTOPSY? YES NO	IN FYES, WIN CERTIFYEN	4G CAUSES	IGS USED OF DEATH? NO
CLAN, T	177.5	21s. ACCIDENT WAS UNDERSTRICE OF CONTRIBUTING C CAUSE OF DEA	HOUR AM MONTH D	AY YEAR	71L HOW IN	JURY OCCURR	ED (parce-sature or room	P IN ITEM IS PAST	(CEPARTS)	
G Piers) other danger of the Euri	MEDICAL	214 INJURY OCCURRED  WHILE   HOS WHILE    AT WORK   AT WORK	21st PLACE OF INJURY (at Home, 57881), Faction, Office,	13 15	711 LOCATIO	3M	CITY OR TO	mm	COUNTY	STATE
TTENDIN pital or TOR: At for use of the life		sow the decross-agive on	tal) attended the deceased from,	85 .	カン nd that in (my)	19 8-5 Supapinion o	to	te und hour a		that (I) Most couses stated
AL DIRECTOR A VINE NOT DIRECTORE Dept. on to Dept. of I ham		Margari		1	NO	TTENDING PHYSICIAN [	MEDICAL STAF		4/2	3/85
O HOSPIT TO FUNER Thould be a MPORTAN		MARGARET	KOESTERS		Since	al Hisp		Hmin	ا	
BP	0	BURIAL, CREMATION, REMOVAL	23b. DATE 5-2-85 S	NAME OF C	CEMETERY OR C	SPITA	23d. LOCATION CHYORTOWN	Mar	COUNTY /	1d STATE
DHMH - 16 50M 4/B3 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME  S/NA	1' HOSPRESSY	tal	1	ADDATE	GEG BY GEG STRAR	216. REGISTRA	R'S SIGNATI	URE MONRE



4	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	EALTH AND MENTATHY	GTENE REG. N	) 4 4 5	
14023	(TYPE	CEASED NAME FIRST CAN		MIDOLE A .	Bai	ley, St.	2a. DATE OF DEATH	H/16/85	26. HOUR 5 A AM
900	3. SEX	Male	1. RACE Bla	ack	5. DATE C MONTH		6 AGE IN YEARS LAST BIR	YRS.	HOURS MIN.
on 72 lo	M	RTHPLACE (STATE OR FOREIGN OUNTRY)  aryland	U.	WHAT COUNTRY?	WIDOWE		Balt	MOVE CIT	
by the for	F	Bathmore	Prov	ident Ho	spit	a 1	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST C		OF BUSINESS OR
ly filled in should be	13a. S	AL RESIDENCE IF NURSING HOME TATE 13b. CO aryland	UNTY	Baltimo	N	13d INSIDE CITY LIMITS?		ZIP CODE Lombard St	.21223
omplete		THER'S NAME  Carroll	MIDDLE A.	Bailey		15. MOTHER'S MAIDEN N.	E .	Chase	ST
Poges	16a. V	VAS DECEASED EVER IN U.S. ES, NO OR UNKNOWN)  [IF YES.]	ARMED FORCES? GIVE WAR OR DATES)	N/A	RITY NO.	Mary Hall	2819 West	wood Avenu	
g physicion on papers. emovol. event, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	only one couse pe ISED BY: IATE CAUSE (o)	er line for (0), (b), on	iD-1	Pulmona	ry Arres	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
d by the attending of the attending of the attending of the attended of the at		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)_	DR AS A CONSEQUE	rat	ion Preus	nonia		
been signed mit. Then pli prior to buri ony injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICAN PREMIUM C 190 DATE OF OPERATION	occal	Meri	nont	NOT RELATED TO THE TER. N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING CAUSES	NGS USED
r this certificate has the burial-transit per and Mental Hygiens ed or Item 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAM	DEATH HOUR A	OF INJURY M. MONTH DA M.	YEAR	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART   OR PART 2)	
fter this os the but thought was a street or l	MEDICAL	21d INJURY OCCURRED  WHILE OF WHILE OF WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
CTOR: A d for use . of Health		22a.) certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did	on TIL	219_5		d that in (my) (our) opinion	to the death occurred on the death		
RAL DIRE detoched fore Dept		226 SIGNATURE ELLA	nor Y.	Hison,	UD	ATTENDING PHYSICIAN	MEDICAL STA		6/85
FUNE buld be th the S		22d PHYSICIAN'S NAME (IV	anor Y	Hixon,	MD.	3100 Tou	randa Au	e Bathmo	MD.
BP	В	urial, cremation, remov urial A L	236 DATE 4/22			EMETERY OR CREMATORY Hill Cem.	Anne Aru		Md.
I - 16 50M 4/83 VRA 15, 4)		m C March F	/H Inc.	1101° E	Nort			256. REGISTRAR'S SIGNAT	Pandell.

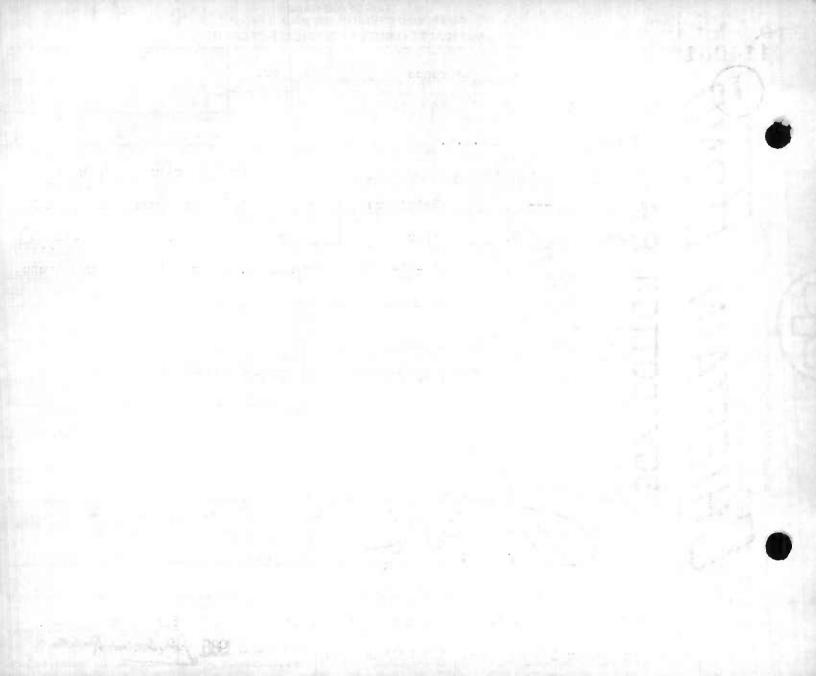
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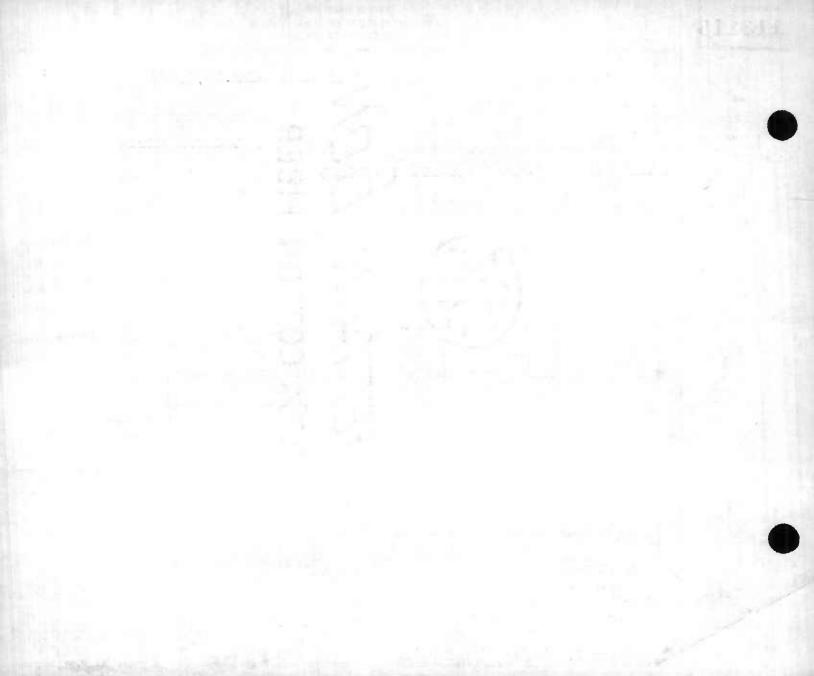
DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND

24 2 454

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 114061 DECEASED NAME 20. DATE KNOWN X 7h HOUR (TYPE OR PRINT) OF ESTI-Baker DEATH MATED Kenneth Sr. 19 85 Lawrence 19 AGE (IN YEARS | IF UNDER 1 YR. SEX 4 RACE DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR 24. DATE LAST BIRTHDAY PRONOUNCED 1:46 22 Male White 11 56 28 YRS To. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Maryland WIDOWED DIVORCED Baltimore City ECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS 13°7. IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FI US. EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 US. ALONG SHOULD BE FILED. IND MENTAL HYGIEINE, DIVISION OF WITAL RECORDS, 201 W. ITON, OR REMOVAL. ID CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR OTHER INSTITUTION Land Courier Baltimore University Hospital Airline USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Delivery 13a STATE 13b. COUNTY 13c CITY OF TOWN 13d: INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 2562 Marbourne Avenue, 21230 YES 😾 NO [ Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Sara C. Ulrich Lawrence Baker A. 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS 21230 217-66-4211 Veronica L. Baker 2562 Marbourne Avenue 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL - TRANSIT HEALTH AND MENTAL HYC IL, CREMATION, OR REMO Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION ICATE, WRITING THE WORD "FE FORWARDED TO THE CHIEF IN TOR: NOGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL. C 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? USED YES V NO [] 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING NOR HOUR XX CONTRIBUTING CAUSE OF DEATH 12:12M. HOUR AND MONTH DAY YEAR MEDICAL 19 19 85 Driver in auto/auto impact 211 LOCATION 21d. INJURY OCCURRED TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 31 AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, STC 1 STREET CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK Rt., 170 read A.A. Md. Autopsy 22s. I certify that I t Inspection and in my opinion death resulted b Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Acting ChiefDICAL EXAMINER 4/20/85 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. balto.MD. (TYPE OR PRINT) 23a.BURIAL, CREMATION, REMOVAL 23b DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 04-23-85 Westminster Cemetery Md. Buria1 Westminster Carroll 07/84 25M 24 FUNERAL DIRECTOR BY REGISTRAD 256 REGISTRAR'S SIGNATURE 21229 **DHMH - 17** (VR A15 ME (5)) Hubbard Funeral Home, Inc. 4107 Wilkens Ave.





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2a. DATE OF DEATH 2b. HOUR April 27, 1985 6. AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 126 KIND OF BUSINESS OR INDUSTRY Homemaker Own Home 3900 N. Charles St., 21218 Tilghman Mrs. Elizabeth Pero, Balto., MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 And 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 COUNTY 10 85 and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated 220 DATE SIGNED 4/27/85 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN STATE 4/30/85 Druid Ridge Maus. Pikesville,

DHMH - 16 60M 7/84 (VRA 15, 4)

- STATE

REGISTRAR . DECEASED NAME

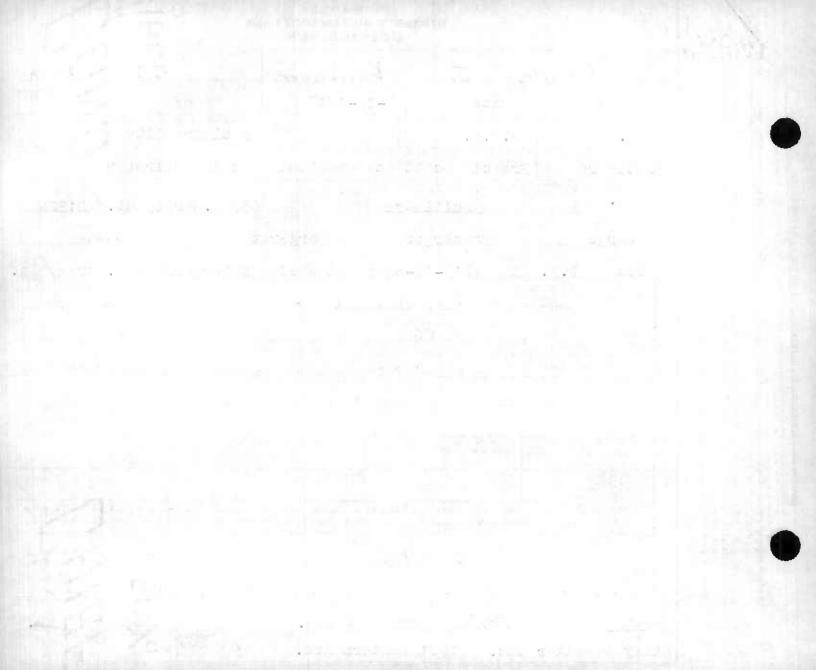
Henry W. Jenkins & Sons Co. 4905 York Road Balto., MD 21212

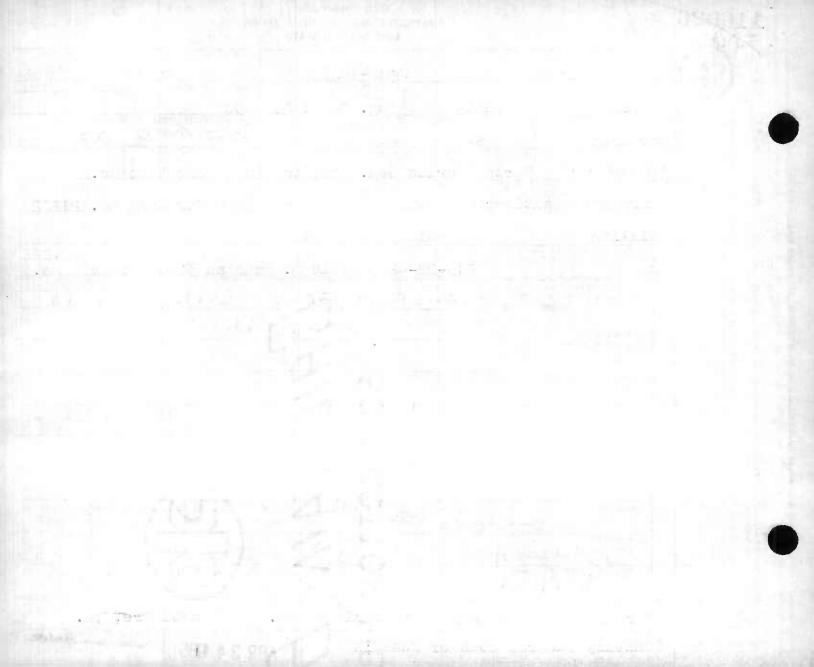
250. DATE REC'D. BY RE

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Or. Oherles ufConsvin, III, Mili E.E. Chass Jacob, Balton, MD.

Enterior ent. All E. Chuld Pidge Meus. Plasville, Military School Constitution of Constitution Co



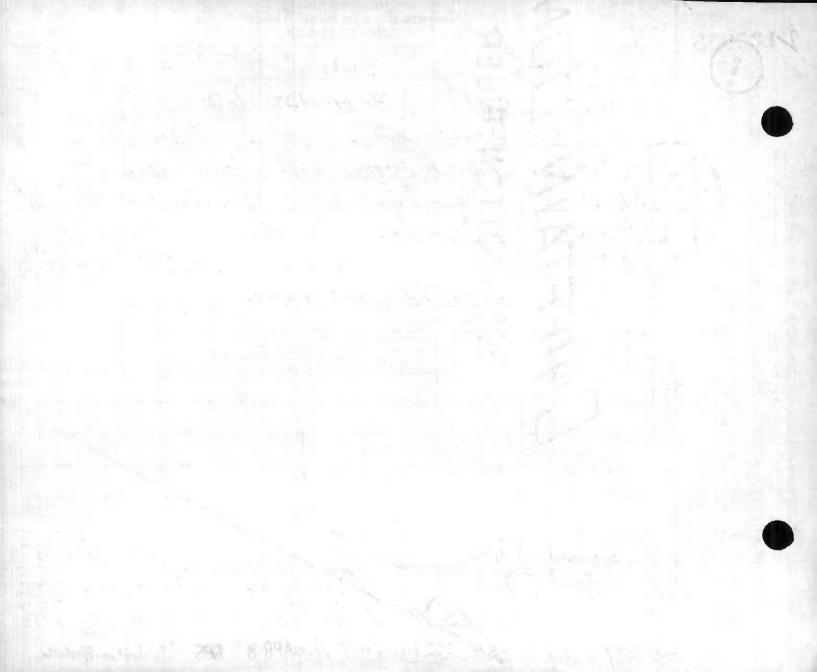


(VRA 15, 4)

FOR STATE

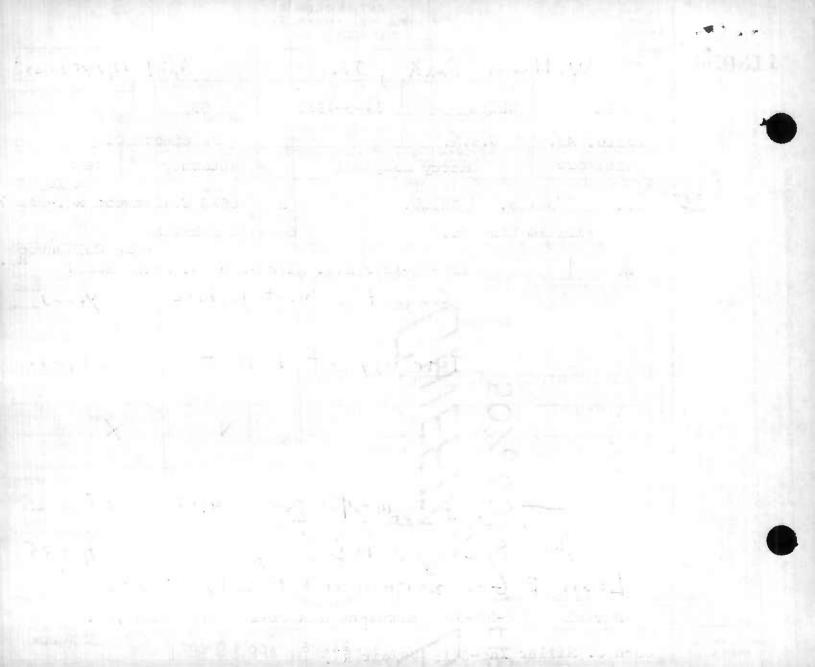
## STATE OF MARYLAND 8 5 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

10					REG. N	0.	
			PRENCE MIDDLE	BANKS	APRIL 16,	4985 85	1 19
	1. 5EX	Emale	4 RACE Col	3. DATE OF BIRTH  3-14-1953	6 AGE (IN YEARS LAST BIR		IF UNDER 2
23	a 81	THPLACE (STATE OR FOREIGN	U.S.A.	MARRIED   NEVER MARRIED	BAllin	nove City	2
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35	h	my/And -	IME OR OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION) R TO N 13d INSIDE CITY LIMITS:	50/W,	FRANKI,	21
300		THER'S NAME / RC	AMODE CRA		11ec MIDDLE	CAYO	V
e medico		VO	ES, GIVE WAR OR DATES)	LSECURITY 60. VIT. INFORMANT	che miller	708 Tenna	A
event, th			rer only one couse per light on GAUSED BY. EDIATE CAUSE (o)	ESTIVE HEART FAIR	LURE	APPROXIM BETWEEN ON	ATE INTER
oumatic		Conditions, if ony, which	DUE TO, OR AS A COM	SEQUENCE OF TO RENAL FAILURE			
t offer		gove rise to immediate couse (a), stating the underlying couse los	DUE TO, OR AS A CON	SEQUENCE OF SCLERODER XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MA RØDER <del>X</del> XX		
injury, o	NOI	PART 2 OTHER SIGNIFICA	int conditions <u>contributin</u>	IG TO DEATH BUT NOT RELATED TO THE TE	rminal disease or con	DITION GIVEN IN PART 110	E/M
12	유	190 DATE OF OPERATION	196 CONDITION FOR V	vhich operation was performed	200 AUTOPSY?  YES NO X	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES C	
197	AL C	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF	OF DEATH HOUR A.M. MONTH	H DAY YEAR	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	H
	U	In courte income uncore cur					
rked or h	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET FACTORY, C	21f LOCATION	CITY OR TO	VWN COUNTY	51
121 is marked or 1		21d INJURY OCCURRED  NOT WHILE AT WORK  22a.1 certify that (1) (that sow the deceased off above, (1) (ax 12 ind) (d)	(AT HOME, STREET FACTORY, C	OFFICE FARM ETC.)  211 LOCATION STREET	5to_APRIL	16 05	not (1X,
4T. If hem 21 is marked or I		21d INJURY OCCURRED  NOT WHILE AT WORK  220.1 certify that (1) (they saw the deceased ally	(AT HOME, STREET FACTORY, C	OFFICE FARM ETC.)  211 LOCATION STREET	5 to APRIL on death occurred on the d	16 1985 th	not (IX.
APORTANT, If hem 21 is marked or It		21d INJURY OCCURRED  NOT WHILE AT WORK  22a.1 certify that (1) (that sow the deceased off above, (1) (ax 12 ind) (d)	(AT MOME, STREET FACTORY, Conspired to the deceosed of APRTI, 16, and not view the body ofter death.	from APRTI 2 19 8  19 85 ond that in (my) (aw opinic physician)  DEGREE  ATTENDING PHYSICIAN  270 ADDRESS CHARCH HI	5 to APRIL  on death occurred on the d  mEDICAL STA DIRECTOR PHYSIC	ote and hour and from the co	not (IX.



	1.	FOR STATE REGISTRAR	DI	PARTMENT OF HEALTH CERTIFICAT		IENE REG. NO.	3 /
13096		CEASED NAME PIRST			•	20. DATE OF DEATH MONTH	17, 1185 10:25
e 4 mo	3. SE	Male	White	5. DATE OF BIRT MONTH 11-9-	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER ? YEAR IF UNDER 24 HR
death. Pag		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COL	INITOV2 8	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COU Baltimor	NTY OF DEATH
ofter de	10. C	Balto. Md. TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL,		IER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORK)	12h KIND OF BUSINESS C
24 hours	USU 13a S	AL RESIDENCE (IF NURSING HOME OF TATE 134 COL	DR OTHER INSTITUTION, GIVE RESIDEN JNTY 13c. CITY C	CE BEFORE ADMISSION)	NSIDE CITY LIMITS?	13e STREET ADDRESS	Employeenwood Rd21
mplerely ond 2 sho	)4 F/	THER'S NAME	m Bark Sr.		OTHER'S MAIDEN NAM		
n and cal		VAS DECEASED EVER IN U.S. A VES, NO OR UNKNOWN) (IF YES, C	EIVE WAR OR DATES)		rormant	ADDRESS &	3618 Goldenwood Revenue Revenu
w requires that the death or seen signed by the attending. Then please remove corrient to buriol, cremation, or my injury, or ather traumati	ATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A COM    b)   DUE TO, OR AS A COM   (c)   CONDITIONS CONTRIBUTION    196. CONDITION FOR	NSEQUENCE OF	RELATED TO THE TERM	INAL DISEASE OR CONDITION  200. AUTOPSY? 200. II	FYES, WERE FINDINGS USED
IYSICIAN: The law reding physician. s, certificate has been burial-transit permit. I Mental Hygiene prior retem 18 shows any in them 18 shows any in them.	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MON	TH DAY YEAR 21c.	HOW INJURY OCCURE	YES NO IN CE	PRTIFYING CAUSES OF DEATH? YES NO
DING PHYSICIA or attending pl After this certife os the burial-tal alth and Mental marked or frem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AI WORX			OCATION STREET	CITY OR TOWN	COUNTY STATE
TTEN(pital TTEN(stands) TTEN(st		220.1 certify that (I) (this has saw the deceased alive a abave, (I) (we) (did) (did a 22b. SIGNATURE	41 1 1 1	19 85 and that		, to, to	hour and from the causes stated
TO HOSPITAL OR A retained by the has retained by the has should be detached with the State Dept.		72d PHYSICIAN'S NAME (TYPE	w /	yer Mil	ATTENDING PHYSICIAN D		5+.
₽ ₽ ₽ ₹ ₹ <b>₹ + -</b>	23a. I	SURIAL, CREMATION, REMOVA	23b. DATE 4-20-85	Moreland	RYOR CREMATORY Memoria	23d LOCATION 1 CITY Balltimo	ore, Md.
DHMH - 16 50M 4/82 (VRA 15, 4)		JNERAL DIRECTOR John C. Mill	er Inc-6415	DORESS 2 Belair P	1206 250. DAT	R 1 9 1985	GISTRAR'S SIGNANDE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 102141 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH MONTH YEAR 2b HOUR . DECEASED NAME MIDDLE (TYPE OR PRINT) Ladys BARKSDALE 1.22 IF UNDER TYEAR IF UNDER 24 HRS 4. RACE & AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH MONTH 27 9 57 Black Female 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED [ DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 PIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (patient) Bon Secours Hosp. JSUAL RESIDENCE IF NURSING HOME OF OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDECITY LIMITS? 13e STREET ADDRESS / ZIP CODE 21223 1217 W. Fayette St. Balto. Md. YES ! 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST MIDDLE LAST ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PRESTON ST Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE O underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION prior 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO I Hygie 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTHY MEDICAL EXAMINER) 21L LOCATION 0 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.E certify that (I) (the burnish attended the deceased from that (I) (we) last sow the deceased alive on and that in (my) (sur) opinion death occurred on the date and hour and from the causes stated obove, (I) (we)(did) ( DIREC 72r DATE SIGNED DEGREE MEDICAL ATTENDING nga. DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS CLASS SIN PROSE the the MPORT 23E NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 236 DATE (SPECIFY) Removal CITY OR TOWN COUNTY 4/3/85 D BY REGISTRAD 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 ADDRESS Balto., Md. A. Anatomy Board (VRA 15, 4)



FOR - STATE

## STATE OF MARYLAND S DEPARTMENT OF HEALTH AND MENTAL HYGIENE

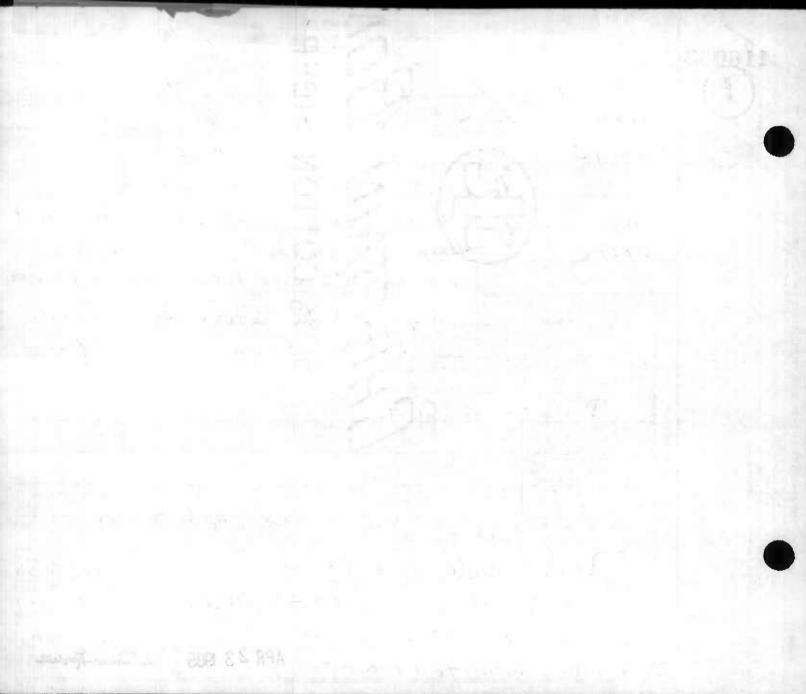
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063		REGISTRAR				CERTIF	ICATE O	FDEATH		REG. NO.		
1		CEASED NAME	FIRST		MIDDLE	t	AST		20 DATE OF DE			- 10011
1		ERNE	st	1	<i>C</i>	Bar	nes	SR.		4	21 85	5
1	3. SE	X		4. RACE	1-	5. DATE C	F BIRTH		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I YE	
		MAle		BLac	eK	6	8	1915	6	9	YRS	HOURS
14/	7a. B	RTHPLACE (STATE OF	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVI	ER MARRIED	9 BALTIMORE		UNTY OF DEATH	1
100	1	Vilson, No	C.	US	SA	WIDOWE		DIVORCED [	139	Leto		
39	10 C	TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSING PACILITY, GIVE STREET	AODRESS)	OSP.	NSTITUTION	17a USUAL OCC	CUPATION EMPST OF WORL		D OF BUSINESS
35	J5U. 3a. 5	AL RESIDENCE (IF NUF	13b. COU			N	13d INSID	E CITY LIMITS?	13e STREET ADD		CODE Pulask	2134
DO	14. F/	THER'S NAME			1000			ER'S MAIDEN NA		/ / / ·	1 0643 K	
200	_	WAL ter	,	WIDOLE	HARRIS	TOTAL NA		SARAH		ADDRESS	Ha	RKIS
/medic		YES, NO OR UNKNOWN)		VE WAR OR DATES)	216-09-		17 INFOR	Larice	Barr		2207 1	
. ii		18 CAUSE OF DEA	TH Enter of	nly one cause per	line for (a), (b), an	dicin		0	TO		APP BETWE	ROXIMATE INTERVA EEN ONSET AND DE
		PARTI: DEATH		TE CAUSE (a)	Ma	OCO	20	cal c	Lata	nco	01	leccal
9 0		-		DUE TO, O	R AS A CONSEQUE	ENE OF		()				
1000		Conditions, if ong	, which	(b)_		1148	enio	sella	core		(	face
i i		couse (o), stati	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF						(
9 9		underlying caus	e last.	( (c)								
(ury.	N	PART 2 OTHERSIG	NIFICANT	CONDITIONS CO	MA A	DEATH BUT	NOT RELA	TED TO THE TERM	INAL DISEASE O	r conditio	N GIVEN IN PART	î lia
1 1	CENTIFICATION	190 DATE OF OPERA		196 COND	ITION FOR WHICH	OPERATION	V WAS PER	RFORMED	200 AUTOPS	r 2 20b.	IF YES, WERE FIN	DINGS USED
17	E	W. H. CA							YES N	ON IN C	YES T	SES OF DEATH?
8 s s	B	710. ACCIDENT WAS UN	DERLYING				ZIc. HOW	/ INJURY OCCURE				
e a		OR CONTRIBUTING		AIR .	M. MONTH DA	AY YEAR						
or the	MEDICAL	21d. INJURY OCCUP		71e. PLACE	OF INJURY		21f. LOCA		-	TY OR TOWN	COUNTY	STAT
rked	E	WHILE NOT W	HIIE DRK	(AT HOME STE	REET, FACTORY, OFFICE, F	ARM ETC )	511	REET	(1	TYORIOWN	COUNIT	STAT
E I	17	220.1 certify that (I	) (this hasp	itol) attended th	e deceased from_	Aces		19 60	to Am	w 2	19 85	, that (1) (we)
21 is		sow the decea	sed alive of	M RM	ofter death	35., an	that in (	my) (aur) opinion a	death occurred a	n the date on	d hour and fram	the causes state
ten.		Th SIGNATUR	1	1	/ La		DEGREE		· · · · · · · · · · · · · · · · · · ·		22c. DA	ATE SIGNED
8 E 1		1	red	Luc	ul	M	-()	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [	14	-23-3
IMPORTAL		Dave	AME (TYPE	CC	1.16	3	27e ADDI	PESS DISS	OCA	ac	R6 M	6 200
₹ ₹		URIAL, CREMATION	REMOVAL	23b. DATE	23c N	NAME OF CI	EMETERY C	OR CREMATORY	23d LOCATIO	N		
		SPECIFY) BURI	AL	4/2		Loud.		ark		Ito.	COUNTY	Mo
OM 7/84	24 FU	INERAL DIRECTOR	,					250 PP			EGISTRAR'S SIGN	
4)	2	eff MI	ller	F.S.	46 11	Park	Ha	s All	, 23 80	Dil	ar handpor	Managara

DHMH - 16 60M 7/8 (VRA 15, 4)

retailed by the hospital or attending physician OR ATTENDING PHYSICIAN:

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STATE OF MARYLAND

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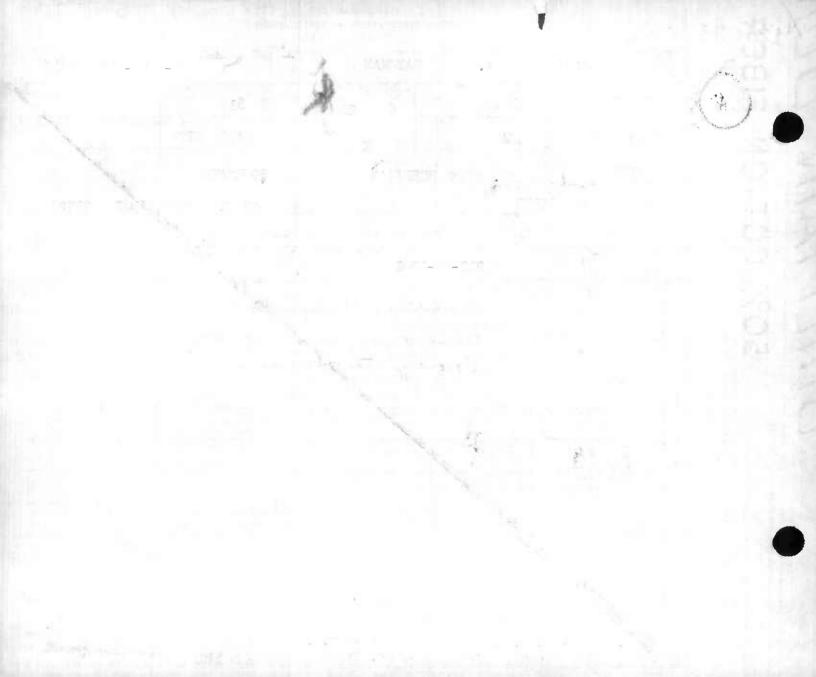
INVESTIGATION OF

1.66-7.50

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

1630 Edmondson Avenue, Catonsville, Md. 21228

1		CEASED NAME E OR PRINT)	MARY		MIDDLE	BATEM	ÂN	20 DATE OF DEATI	4- MONTH	25- 85	26 HOUR 0845
A-)	3. SE	FEMALE		RACE WHIT		5 DATE O		6. AGE (INYEARS LAS	YRS		
是	) ]	BALTO MD		USA	WHAT COUNTRY?	WIDOWE		BALTO	CITY		MI
41		BALTO		ST.	AGNES HO	ADDRESS) SPITA	DR OTHER INSTITUTION	12a USUAL OCCUP (TYPE OF WORK FOR MC	ST OF WORKING		
35	3a	AL RESIDENCE (IF NUR STATE MD	BA	LTO	GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRES			21228
B	7	William	MI	R.	Eber	rling	15. MOTHER'S MAIDEN NA	W.		Mulc	ahy
2		WAS DECEASED EVER YES NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	212-60-1		Leo J. B		ame as	s # 13	
10.00		18 CAUSE OF DEAT	TH (Enter only	ane cause pe	r line far (a), (b), an	id icili		-1			XIMATE INTERVAL NONSET AND DEATH
of cremation,		Canditians, if any gave rise to im- cause (a), statii underlying cause	mediate ng the	(b)_	OR AS A CONSEQUI	my ENCE OF	ocardial therosclen	infact			
nor to burnet, crematron, ny injury, ar other traumo	ATION	gave rise ta im- cause (a), staffi underlying cause PART 2 OTHER SIG	mediate ng the e last. NIFICANT CO	DUE TO, CO	ontributing to	ENCE OF A	therosclen NOT RELATED TO THE TERM Triang Olde	cha ch	e. ren	ial te	silve
Some any Injury, or other traumo	THICATION	gave rise ta im- cause (a), staffi underlying cause PART 2 OTHER SIGI	mediate ng the e last. NIFICANT CO	DUE TO, CO	ontributing to	ENCE OF A	therosclere	AINAL DISEASE OR CALL CALL  200 AUTOPST  YELD NOE	20b. IF IN CER		zilme INGS USED
flam 18 Nows any injury, an other traumo	CAL CERTIFICATION	gave rise ta im- cause (a), staffi underlying cause PART 2 OTHER SIG	mediate ng the e last.  NIFICANT CO	DUE TO, CO  (c)  IPP COND  216. TIME CO  HOUR A	ONTRIBUTING TO	ENCE OF LONG OPERATIO	therosclen NOT RELATED TO THE TERM Triang Olde	200 AUTOPSTY YES NO	20b. IF Y	YES, WERE FIND TIFYING CAUSE YES	PINGS USED S OF DEATH?
rs and Mental Ryguene prior to burial, cremation, inhed on them 18 shows any injury, or other training	MEDICAL CERTIFICATION	gave rise ta imicause (a), staffi underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED) 21d INJURY OCCUR	mediate ng the e last.  NIFICANT CO  TION  DERLYING CAUSE OF DEATH  CAUSE OF DEATH  DICAL EXAMINER)	DUE TO, CO  CO  ITALIAN  ITALI	ON TRIBUTING TO COLOR WHICH	DEATH BUT  OPERATIO  AY YEAR  19	therosclere NOT RELATED TO THE TERM TO THE TERMED N WAS PERFORMED	200 AUTOPS  YES NO ERED (ENTER NATURE OF	20b. IF Y	YES, WERE FIND TIFYING CAUSE YES	PINGS USED S OF DEATH?
in of Health and Mental Hygiene prior to buriou, centarion, in 21 is marked or him 18 shows any injury, or other training	100	gave rise ta imcause (a), staffi underlying cause (a), part 2 OTHER SIGI 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTHY MED 21d INJURY OCCUR WHILE NOTW AT WORK NOTW AT WORK 270. I certify that (I) saw the decas above, (I) (we) (	IMEDIATE DE LA CONTROL DE LA C	DUE TO, CO  IC)  IPP COND  196 COND  216. TIME COND  216. PLACE (AT HOME, ST	ONTRIBUTING TO  ONTRIBUTING TO  ONTRIBUTING TO  OF INJURY  M. MONTH D.  M.  OF INJURY  REEI, FACTORY, OFFICE I	DEATH BUT  DEATH OPERATIO  AY YEAR  19  FARM EIC)	NOT RELATED TO THE TERM OF ANY OLOGE  NOT RELATED TO THE TERM OF ANY OLOGE  NOT RELATED TO THE TERM NOT RELATED TO THE TERM 20 - 19 - 19 - 19 - 19 - 19 - 19 - 19 - 1	200 AUTOPS  YELL NO  RED (ENTER NATURE OF	20b. IFY IN CER	VES, WERE FIND TIFYING CAUSE YES  B PART   OR PART 2)  COUNTY  19  19  19  19	STATE  that (II (we) lase causes stated
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with the Shote Dept of resolts and Mental Nygeries prior to burnal, cremations, MPORTANT, if them 21 is marked or them 18 shows any injury, as other training	100	gave rise ta imcause (a), staffi underlying cause (a), staffi underlying cause (a), part 2 OTHER SIGI 19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTHY MED 21d INJURY OCCUR WHILE NOTW AT WOR. NOT WAT WOR. 1 OT WHILE NOTW AT WOR. 270. I certify that (I) saw the decease above, (I) (we) (22b. SIGNATURE)	IMEDIATE INTERPRETATION  ATTION  ADERLYING CAUSE OF DEATH  CAUSE OF DEATH  CRED  ORK  (This haspital  sed alive an did) (did nat)	DUE TO, CO  (c)  IPD. COND  196. COND  216. TIME COND  216. PLACE (AT HOME. ST  VIEW the bad)  SPRINT)	ONTRIBUTING TO  OF INJURY REET, FACTORY, OFFICE IT  OF GLOSE OF INJURY REET, FACTORY, OFFICE IT  OF GLOSE OFFI  OF GLOSE OFFI	DEATH BUT  DEATH OPERATIO  AY YEAR  19  FARM EIC)	NOT RELATED TO THE TERM TO ANY OLOGE  NOT RELATED TO THE TERM TO ANY OLOGE TO THE TERM TO ANY OLOGE TO THE TERM TO T	200 AUTOPS  YES NO ERED (ENTER NATURE OF  CITYO  death accurred an th	20b. IF Y IN CER NJURY IN ITEM 1	YES, WERE FIND TIFYING CAUSE YES  B PART I OR PART 2)  COUNTY  COUNTY  22c. DAT	STATE  that (II (we) lase a causes stated E SIGNED



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND STATE OF MARYLAND STATE OF MARYLAND MENTAL HYGIENE

REGIST	RAR			CERTIF	ICATE OF D	EATH	REG.	NO.				
1. DECEASED N	NAME FIRST	A	AIDDLE	i	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	D
(TIPE OR PRINT)	Raymond		L.	B	axter			04	26	'85	3:00	M.
3. SEX	1	RACE		5. DATE C			6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDE		IF UNDER 24 HR	5
Male		Cauc		03	17	1907	78	YR5	MONTHS	DAYS	HOURS MIP	4.
7a. BIRTHPLAC			WHAT COUNTRY?	8.			9. BALTIMORE CIT			ATH		_
COUNTRY)	yland	U.S.	Α.	WIDOWE	NEVER A	ORCED		Ba	ltimo	re		AD.
			HOSPITAL, NURSII		Contract of the Contract of th	1	12a. USUAL OCCUP.				BUSINESS	AD.
D Po 1	timore		HEACILITY, GIVE STREET  N. Curle				(TYPE OF WORK FOR MO			USTRY		
USUAL RESIDE	NCE (IF NURSING HOME OR O				et	2.44	Ketile	u			rn Sta Steel	_
13a. STATE	13b. COUNT	Y	13c. CITY OR TOV		13d. INSIDE C		13e. STREET ADDRES					
Mar 14. FATHER'S N	yland		Balti	more	YES X	MAIDEN NA	706 N. C	urley	Stre	et -	City	41
		IDDL€	ŁAST			FIRST	WIDDLE			LAST		V
	rice		Baxt			azel	4.6	DECC		Lath		_
(YES, NO OR	EASED EVER IN U.S. ARM UNKNOWN) (IF YES, GIVE Y	WAR OR DATES)	166 SOCIAL SECI	URITY NO.	17 INFORMA	NT	ADI				rley S	
No			214-16-	1137	Mrs.	Patrici	a L. Pura	1 - 1			d. 212	
cause underly PART 2	rise to immediate (a), stating the ying couse last.  OTHER SIGNIFICANT CO	(c)	R AS A CONSEQUE		NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NOITION	GIVEN IN I	PART I(a)		=
19a. DATI	E OF OPERATION	19b. CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		YES, WERE		GS USED OF DEATH?	
00.00110	DENT WAS UNDERLYING CHEET PROTECTION CONTROL CAUSE OF DEATH FOR NOTIFY MEDICAL EXAMINER)	21b. TIME O HOUR A.	M. MONTH D	AY YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF	YJURY IN ITEM	18 PART I OR	PART 2)		
	URY OCCURRED  NOT WHILE AT WORK	21e. PLACE			21f. LOCATIO	N	CITY OF	town	co	UNTY	STATE	
220. I cer sow obc 22b, 51G	rhify that (1) (this hards the deceased alive on ove, (1) (white (did not) NATURE	view the body	ofter death.		DEGREE A	TTENDING PHYSICIAN S	DIRECTOR PHY	TAFF SICIAN []	22	c DATES	1/85	ost
	oseph R. Li						nk Street	- Bal	timor	e, M	d.	_
(SPECIFY)	REMATION, REMOVAL	23b. DATE			EMETERY OR C	REMATORY	23d. LOCATION CITY OR TOWN		COUN		STATE	
	Burial	04/29	/85	Oak La	wn			Ba	ltimo	re	Md.	

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

Walter Dabrowski - 1005 Dundalk Avenue 21224

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN T DEATH MATED 4-30-85 MOSES BAYLOR 4 RACE 2d HOUR IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) RONOUNCED 4-30-85 7PM . 23 DEAD male black In BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Baltimore City DIVORCED [ Virginia WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 1701 SE FACILITAT TAYETTES Avenue Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY HIMITS? 13e STREET ADDRESS Baltimore 1701 East Lafayette Ave. 21213 Maryland YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST FIRST Henry Baylor Lucy Taliver 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 219-12-9806 Bessie Baylor 1701 E Lafayette Avenue Yes CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) Multiple gunshot wounds DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate DUE TO. OR AS A CONSEQUENCE OF couse (o) stoting the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN ARDED TO INC.
AGE 3 SHOULD BE USED A
AGE 4 SHOULD BE USED A
ATE DEPARTMENT OF HEA
ATE OF ACT OF BURIAL, C 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔽 NO [ 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 6.50 PMMONTH DAY YEAR 4-30-85 UNDERLYING OR
CONTRIBUTING CAUSE OF DEATH subject shot during altercation 21e PLACE OF INJURY 1701 E. Lafayette Avenue Baltomore, Md. STATE horne FARM, ETC.) WHILE AT WORK EXECUTE THE CERTIFICATE.
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE SIX
BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held on Autopsy Homicide X death resulted fram: Undetermined monner Notural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER SIGNATURE 111 Penn Street EXAMINER'S NAME Margarita A. Korell, M.D. (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 5/6/85 Baltimore National Cem Baltimore. Md. Burial 07/84 25AA 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5)) William C. March F/H 1101 E. North Ave.



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE 2073 REGISTRAR REG. NO DECEASED NAME LAST 2a DATE OF DEATH MONTH MIDDLE TYPE OR PRINT **BECKHAM** Grace April 10, 1985 11:00M 3. SEX 4 RACE 5. DATE OF BIRTH MONTH YEAR 25. Female Black 1893 TO BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City Maryland DIVORCED [ WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hospital Baltimore Maryland General Public Schools Teacher USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 3400 Ellamont 13h COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Rd. Baltimore, Maryland 21215 Maryland Baltimore. YES X NO T 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Jackson Williams Jane Scott Mary 166 SOCIAL SECURITY NO ADDRESS Mr. WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 3400 Ellament Road 306-24-0123 No Mr. Paul Baltimore, Md. 21215 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) Respiratory arrest secondary to premia DUE TO, OR AS A CONSEQUENCE OF accident Conditions, if ony, which Cerebrovascular gove rise to immediate couse (0), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION Sepsis 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? March 25, 1985 Cerebrovascular accident NO 4 216. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 85 22a.1 certify that (K (this hospital) attended the deceased from. March Apri. 85 , and that in (190) (our) opinion death occurred on the date and hour and from the causes stated April 10 sow the deceased alive on April 10 obove, (\*(we) (did) (\*\*XXXI) view the body after death 22b SIGNATURE 7% DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Florence Davidowski, M.D. c/o Maryland General Hospital 231. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) CITY OR TOWN Maple Wood Cemetery Indiana Burial Anderson.

DHMH - 16 60M 7/84 (VRA 15, 4)

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24. WYELLE PECKORSONS 2501 Gwynns Falls Parkway Funeral Home, Inc. Baltimore, Maryland 21216

25g. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

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REGISTRAR

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO  $\square$ 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

26 HOUR

126 KIND OF BUSINESS OR.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF LINDER 24 MRS

IF UNDER I YEAR

MONTHS DAYS



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pe 3	(TYPE C	DR PRINT) / ] / / / / A L	1	RELCHER	20. DATE OF DEATH	4 30 85 7050
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of c to		y OR TOWN OF DEATH 11.	NAME OF HOSPITAL ANDSOIN	WIDOWED DIVORCED DIVORCED	120. USUAL OCCUPATA	ON TIN KIND OF BUSINESS OR
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IAN hin 2 shoul shoul	IA FAT	HER'S NAME	Baltimo	re YES NO 15. MOTHER'S MAIDEN NAM	15MN 10	45075/ 21217
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RE, M		AS DECEASED EVER IN U.S. ARMED	FORCES? 166 SOCIAL SECUI		ADDRE	
FIMORE, be execu-	N	S, NO OR UNKNOWN)   [IF YES, GIVE WA	211-8	1-2019 Rachel Do	rsey 1519	N. Payson Street
BALT cote to spers wol.	П	18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED BY	ne cause per line far (a), (b), and	1011 Or / 11 - 1 DP	4 2200	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A ST., B. certifico certifico ng phys rompop r remove	Ш	IMMEDIATE C		O POLMONAR	4 ARRE	3/
oth c oth c endir			DUE TO, OR AS A CONSEQUE	NCE OF 1CEHIA		
PRES ne de emove motion	П	Conditions, if any, which gave rise to immediate	10/			
that the death ce by the ottending by the ottending blease remove carbinal, cremotion, or a carbinative or other troumatic.	Ш	cause (a), stating the underlying cause last.	MULTIP	LE DECUBITA	IZ	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 contending physicion.  When this certificate has been signed by the attending physicion and completely fill of the ast the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 show the hand Mental Hygene prior to buriol, cremation, or removal.  The analysis of the medical examiner must be into a strong the medical examiner must be into the medical examiner must be into the medical examiner.		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	nal disease or cone	DITION GIVEN IN PART 110
been been mit. T	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ALR The long.	I I				YES NO	YES NO
DING PHYSICIAN: The Id  or offending physicion.  After this certificate has e as the buriol-transit per oith and Mental Hygiene marked or frem 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	ED (ENTER NATURE OF INJUR	ty (N IIEM 18 PART I OR PART ?)
HYSII HYSII nding his ce buring d Mer	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TO	wn COUNTY STATE
UG P offer the thongs the hong	2	WHILE NOT WHILE AT WORK	TALMOME STREET FACTORY OFFICE FA	RW EIC )		
O O E	1 1	22a.1 certify that (1) (this haspital) saw the deceased alive an	attended the deceased from	2/1 19.85	104/30	, 19 S, that (I) (we) last
2 0 5 1 0 1	1 1	above, (1) (we) (did) (did not) vi- 22b SIGNATURE	ew the body after death	DEGREE	leath accurred on the do	ite and hour and from the couses stated
0 . 0 .0 .		Musta	Somey	ATTENDING PHYSICIAN	MEDICAL STAF	F
HOSPITAL by the FUNERAL by the Store by the	1 [	22d PHYSICIAN'S NAME ITH OF THE	- Copter	22 ADDRESS	^ _	01 1 0 17 11 1
TO HOSPITAL TO FUNERAL should be deto with the Stote IMPORTANT: If		NISHA	SOFFE	1300 g	auson	Burg Ballo Ha
BP		BURIAL		ame of cemetery or crematory 1. Nat'l Mem Pk.	Laurel,	COUNTY Md.
DHMH - 16 50M 4/83		VERAL DIRECTOR	ADDRESS	2.4.4		25h REGISTRAR'S SIGNATURE
(VRA 15, 4)	Wm	C March F/H 1		North Avenue MA	11 1985	fichia Davidson-Randa



( )		CEASED NAME FIRST	MIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONTH DA	20 HOOK
		JAMES		BELL	APRIL 12, 1985	01:08a1
9	3 SE	X Male	4 RACE Black	5. DATE OF BIRTH MONTH DAY YEAR 9 10 46	38	ONTHS DAYS HOURS MIN.
n 72 hour	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) S. Carolina	76 CITIZEN OF WHAT COUNTRY?	1 20 10	9. BALTIMORE CITY OR COUNTY O	
filed within	BA	LTIMORE	THE JOHNS HO	PRENS HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Welder	126 KIND OF BUSINESS OR INDUSTRY  Iron
ag pinod	130	Md.	OTHER INSTITUTION GIVE RESIDENCE BEFOR	YES NO	130.STREET ADDRESSNEIN CODE	treet Person
00 mg	14. E	ATHER'S NAME FIRST /	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
Poges		WAS DECEASED EVER IN U.S. AR/ YES NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 247-80-8		ADDRESS	
event, the		PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), on D BY: E CAUSE (a) CARDI	OPULMONARY A	RREST	BETWEEN ONSET AND DEATH  HOUR
orto			DUE TO, OR AS A CONSEQU	ENCE OF LMING PHEC	INACASI A	DO DAVE
ther		Conditions, if any, which gove rise to immediate couse 101, stating the underlying couse last	DUE TO, OR AS A CONSEOU		SNONIK	20 VA/3
burial, crem	NO	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEOU			N IN PART 1:0
urial, crem	TIFICATION	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQU	ENCE OF	MINAL DISEASE OR CONDITION GIVES	WERE FINDINGS USED ING CAUSES OF DEATH?
18 shaws any injury, or other	CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE TO THE TOP THE TOP TO THE TOP	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED  216 HOW INJURY OCCUR	200 AUTOPSY 200. IF YES NC CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
rgiene prior to burial, crem shows ony injury, ar other	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT C  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	DUE TO, OR AS A CONSEQUE TO THE TOP THE TOP TO THE TOP	ENCE OF  DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  AY YEAR  19  211 LOCATION	200 AUTOPSY 200. IF YES NC CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
for use as the burial-transit permit, then please ret of Health and Mental Hygiene prior to burial, crem 21 is marked or them 18 shaws any injury, or ather		gove rise to immediate couse (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT C  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (JE EITHER NOTIFY MEDICAL EXAMINER CITE EITHER NOTIFY MEDICAL EXAMINER CONTRIBUTING ON COUNTRIBUTING ON CONTRIBUTING ALL WORK ALL W	DUE TO, OR AS A CONSEOU  ICO  ONDITIONS CONTRIBUTING TO.  19b CONDITION FOR WHICH  19b CONDITION	DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  AY YEAR  19  211 LOCATION  STREET  19	200 AUTOPSY 200 IF YES NCERTIFY YES NET IN ITEM 18 PAR	WERE FINDINGS USED ING CAUSES OF DEATH? NO NO COUNTY STATE
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thed for use as the burial-transit permit. Then please retept of Health and Mental Hygiene prior to burial, cremiter 21 is marked or Item 18 shaws any injury, or other		gove rise to immediate couse (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT CO  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER AT WORK	DUE TO, OR AS A CONSEQU	ENCE OF  DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  AY YEAR 19 211 LOCATION STREET  PARM, ETC.)  DEGREE  ATTENDING PHYSICIAN  222 ADDRESS 600	200 AUTOPSY 200. IF YES IN CERTIFY!  YES NOTER NATURE IN ITEM 18 PAR  CITY OR TOWN  10 4/12 19  I death accurred an the date and hour of the state o	WERE FINDINGS USED ING CAUSES OF DEATH? NO COUNTY STATE  9

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIÈNE

	1 -	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	IÈNE REG. N	10.	(i-m
		CEASED NAME FIRST OR PRINT) HELMAN	HARR	Din	K/N	20. DATE OF DEATH 4/29/85		9 5 M
		nale	4 RACE	HITE 5. DATE O	PERTH DAY YEAR 165	6 AGE (IN YEARS LAST BI	YRS	DATS HOURS MIN.
2		RTHPLACE I STATE OR FOREIGN OUNTRY) MARY LAND A =	76. CITIZEN OF WH	A MARRIEL WIDOWE	NEVER MARRIED	Baltimore City	OR COUNTY OF DEA	TH MD.
)	10 CI	Jacks md.	DONN DONN	SPITAL, NURSING HOME O ACRITY, GIVE STREET ADDRESS)	or other institution	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING LIFE) INDU	IND OF BUSINESS OR
2	13a. S	haryland -		E RESIDENCE BEFORE ADMISSION)  C. CITY OR TOWN  BALTIMORE	YES XX NO		/ ZIP CODE 5901 -214 Bal	plank Height timme Ad 212
)	14. FA	THER'S NAME FIRST PHILIP	MIDDLE BE	RLIN	15. MOTHER'S MAIDEN NAI FIRST RICKLA	WE MIDDLE	SLO	DAT .
			MED FORCES? 16 (E WAR OR DATES)	5-05-0420	17 INFORMANT MRS 5900 PARK H			PT. 214 MD 21215
	7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR A	S A CONSEQUENCE OF  S A CONSEQUENCE OF  TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	UDITION GIVEN IN PA	RT Ito
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITIC	ON FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN CERTIFYING CA	
	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	110	NJURY MONTH DAY YEAR 19	21c. HOW INJURY OCCUR			
	MED	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	NUO) NWC	TY STATE
		22a I certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no 27b. SIGNATURE	4. 29	er death.	d that in (my) (aur) apinion of DEGREE  ATTENDING	death occurred on the o	22c.	m the couses stated  DATE SIGNED
		226 PHYSICIAN'S NAME (TYPE C		u AR	PHYSICIAN D PHYSICIAN D PHYSICIAN D PHYSICIAN D PHYSICIAN D	Beloude	ie Avenu	4.30-25 e, Baltimore
	23a. B	URIAL, CREMATION, REMOVAL SPECIFYBURIAL	APR.30,	1985 BNAI IS	EMETERY OR CREMATORY SRAEL (MISHKON	SRAPP SEC	.) BALATAN	MORE MD

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

BP.

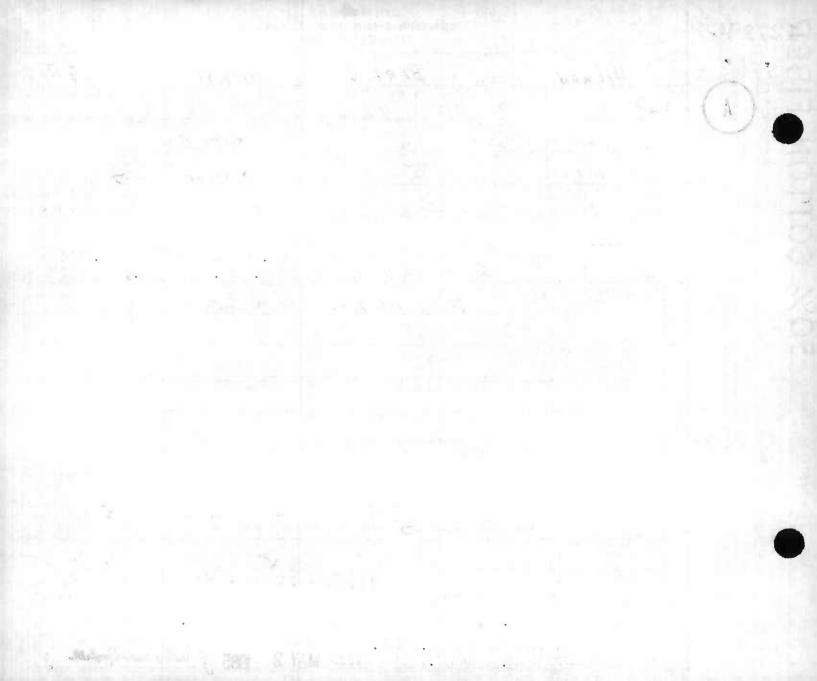
MPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic event, the

24 FUNERAL DIRECTOR SOL LEVINS 6010 REISTERSTOWN RD.

SOL LEVINSON & BROS., INC. BALTO., MD

21215

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



106033	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLA EALTH AND I ICATE OF I	MENTAL HYG	TENE REG.	) 4 NO.	7.3	
37 be	(TYPE	OR PRINT) Ber		M.	Bern	stein			20. DATE OF DEATH	4 9	DAY YEAR	92SPA
90 E 4 m C	3. SEX	FEMALE	4. 6	RACE	HITE	5. DATE C	F BIRTH	YEAR	6. AGE (IN YEARS LAST	YRS.	MONTHS DAYS	F UNDER 23 HRS HOURS MIN.
eath. Po	0	RTHPLACE (STATE OR FOR OUNTRY)  RYLAND	EIGN 7b.	CITIZEN OF	WHAT COUNTRY	MARRIEI WIDOWE	NEVER /	MARRIED	9 BALTIMORE CITY	OR COUNT	OF DEATH	Y MI
rs ofter de by the fur filed within	10. CI	Balt.	1	(IF NOT IN SUC	SIDA	NG HOME C LADDRESS)		TITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOS HOUSEWI)	T OF WORKING LI	FE) INDUSTRY	OF BUSINESS OR
in 24 hau in 24 hau filled in shauld be	13a S	ARYLAND B	COUNTY ALTIM		13c. CITY OR TOV	VN	13d. INSIDE C	NO X	130 STREET ADDRESS	AVE.,	APT. 3	09 #2120
maky ted with	2	THER'S NAME FIRST	MIDI		MILLE		HE	FIRST ENRIETTA	MIDDLE		KAUFMA	
mond of medical		/AS DECEASED EVER IN ES, NO OR UNKNOWN) NO	U.S. ARME IF YES, GIVE W		16b SOCIAL SEC	URITY NO.			PAVID H. AB		208	
if, ball		18 CAUSE OF DEATH (PART I. DEATH WAS		SY:		ATOR	1-Ca	rdiac	Arres	1	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOKE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours, r attending physician and completely filled in by as the burial-train to mit. Then please remove carbonoppers. Pages 1 and 2 should be file. Ith and Mental Hyparmetrian to burial, cremation, ar removal. converted or them 18 trainers may injury, ar ather traumatic event, the medical examiner must be a converted or them 18 trainers my injury, are ather traumatic event, the medical examiner must be a converted or them.		Conditions, if any, v gave rise to immed cause (a), stating underlying cause	diote	(b)_	R AS A CONSEOU R AS A CONSEOU	nia - V	0	Fibrosi	s way Hen	nonha	GR.	
cequires the signed to the plector to burial for the plector to burial for the plector to burial for the burial	TION	PART 2 OTHER SIGNIF			ONTRIBUTING TO				INAL DISEASE OR CO		VEN IN PART 11	
TAL REC	CERTIFICATION			216 TIME C		- OPERATIO		13536	YES NO	IN CERTI	FYING CAUSES	
PHYSICIAN: PHYSICIAN: this certifica the buriol-tro and Mentol Hy d or Item 18	MEDICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	ISE OF DEATH EXAMINER)	HOUR A	M. MONTH (	AY YEAR			RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	10/5
DIVISION OF PHYSIC or attending as as the burian ealth and Menn marked or the	MED	21d INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK			OF INJURY REET, FACTORY, OFFICE	FARM ETC )	211 LOCATION STREET	1	CITY OR	NWOI	COUNTY	STATE
ATTENDI spital or CTOR: A I for use of Heal		22a I certify that (I) (the saw the deceased abave, (I) (we) (did	alive an	4/5/	85 19		d that in (my)	) (our) opinian (	death accurred on the	date and ho	ur and from the	
TAL OR , the hos AL DIRE detached ste Dept out. If then		22b. SIGNATUR	4	5	MAS				MEDICAL ST DIRECTOR PHY	AFF SICIAN	22c. DATE	SIGNED -
O FUNE Proof be OF TANK		FRANCI	S A	· CA	BAN		22e ADDRES	INAI	Hosp.		-	(
BP		BURIAL, CREMATION, RE SPECIFY) BURIAL			8, 1985	oheb s	halom_n			ERSTOW		O. MD
DHMH - 16 50M 4/83 (VRA 15, 4)	24. FI	ONE REIST			BALTO.			APR	1 1 1985	R Bb REGIS	TRARIS SIGNA	Hele

executed within 24 hours ofter death. Page 4 may be

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or ottending physicion.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE

1	U	OLIG TO THE	-	H

ı	REGISTRAR				CERTIF	ICATE OF DEATH	REC	. NO.					
1	1. DECEASED NAME (TYPE OR PRINT)	FIRST ANNA		EBECCA	BEW	LEY	20. DATE OF DEAT		O 85	26 HOUR 1215 P			
	3. SEX FEMALE		4. RACE WHIT		5. DATE O		6. AGE (IN YEARS LAS	YRS	H UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.			
2	BIRTHPLACE (STATE (COUNTRY)		US		WIDOWE		BALTO	2	1229	MD.			
1	BALTO		(IF NOT IN SUC	AGNES H	OSPIT	AL	TYPE OF WORK FOR MC	ALION KR OST OF WORKING HE		AL. ELEC			
10 10 10	OSUAL RESIDENCE (# N	HIS COU BAI		GIVE RESIDENCE BEFORE 13. CITY OR TOW CATONSV	ADMISSION)	130 INSIDE CITY LIMITS?	13e STREET ADDRE		212	228			
	M. FATHER'S NAME FIRST		WIDDLE	BURIAN		15. MOTHER'S MAIDEN N FIRST A NNA	MIDDI		McK	ENZIE			
	(YES, NO OR UNKNOWN)		RMED FORCES?	217-05-2		WILLIAM BEV		DRESS UNTON A	1 61660	SBAND)			
The second second		mmediate offing the use lost. GNIFICANT	DUE TO, O  (c)  CONDITIONS CO		ENCE OF	NOT RELATED TO THE TE		ONDITION GIV					
	19a DATE OF OPE  19a DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING [ 15E EITHER, NOTIFY M WHILE   NOTIFY M	CAUSE OF DE EDICAL EXAMINE JRRED	ATH HOUR A. R) P. 21e PLACE	M. MONTH DA	19	21f. HOW INJURY OCCI		YE	YING CAUSES S (2) PART I OR PART ?) COUNTY	NO STATE			
	22a I certify that	osed olive or ) (did) (did no	Tayl	otter death.		DEGREE  M · O PHYSICIAN  22e. ADDRESS	MEDICAL STREET OF THE PH	e date and hou	22c. DATE				
	230. BURIAL, CREMATIO (SPECIFY) CREMATIO			23c. N		EW MEM PK	Y 23d LOCATION CITY OR TOW		COUNTY BALTO	STATE			
	24 FUNERAL DIRECTOR	NERAL	HOME	P.O.BOX ELLICOTT	268		PR 1 7 1985	AR ZIA JEGIS	andsor-V	distalle			

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

8 10 85 1215 P THE METALES DEED ATT FREE STATEMENT AND STATEMENT A CENTRAL TOTAL SEASON SERVICE HANDS TOTAL TOTAL SERVICES  FOR

DECEASED NAME

Female

Baltimore

TO BIRTHPLACE I STATE OR FOREIGN

CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING

- STATE

LIVPE OR PRINTS

W. Va.

Maryland

no

CERTIFICATION

MEDICAL

Item 18

3 SEX

HYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.	is certificate has been signed by the attending physicion and completely filled in by the funeral burial-tronsit permit. Then please remove carban papers. Pages 1 and 2 should be filed within 72 Mental Hygiene prior to burial, cremation, or removal.
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S	0 5 0
≥ 5	is certificate has been signed by the attending physico burial-tronsit permit. Then please remove carbon papers burial-transit permit. The burial, cremotion, ar removal.

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20. DATE OF DEATH 2b HOUR Blackburn April 3, 1985 5 DATE OF BIRTH MONTH

White Dec. 7, 1901 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED

WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Church Home Hospital OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

(mmn)

13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Baltimore 7945 E.Baltimore St. 21224

MIDDLE William Auxier Damron

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

Baltimore

Maude

4. RACE

166 SOCIAL SECURITY NO 403-38-0470

17 INFORMANT

CONGESTIVE HEART FAILURE -

21f LOCATION

15 MOTHER'S MAIDEN NAME

Jane

Moore Md. 21224

9 BALTIMORE CITY OR COUNTY OF DEATH

Baltimore City

Housewife

(TYPE OF WORK FOR MOST OF WORKING LIFE)

12g USUAL OCCUPATION

Fayetta B. Pharr, 7945 E.Balto.St. Baltimore APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

12b. KIND OF BUSINESS OR

Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause

191 DATE OF OPERATION

21d. INJURY OCCURRED

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

71e PLACE OF INTURY

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2)

20n AUTOPSY?

NOX

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

NOT WHILE March 28 attended the deceased from 220. Leaftify that (1) 85\_ and that in (my faur) ppinian death accurred on the date and hour and from the couses stated DEGREE

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

22d. PHYSICIAN'S NAME W. Impagliatelli, M.D.

PHYSICIAN DIRECTOR PHYSICIAN Church Hospital 22e ADDRESS

MEDICAL

100 N. Broadway, Balto., MD 21231

230 BURIAL CREMATION REMOVAL (SPECIFY) Burial

231 NAME OF CEMETERY OR CREMATORY Potter Cemetery

Little Creek - Pike - Kentucky

CITY OR TOWN

24 FUNERAL DIRECTOR

Howard K. McComas III, Abingdon, Md. 21009

23h DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

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AND THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PARTY A

Purceyl Heers Jrn. articlement Marchand 21216

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	,	FOR STATE	D	STA EPARTMENT OF	TE OF MARYLA HEALTH AND M	Test 2004	WE 1 0 9 7	8
SOO		REGISTRAR	MED	ICAL EXAMIN	ER'S CERTIFI	ICATE OF DE	ATH REG. NO.	
098		CEASED NAME FIRST		MIDDLE	LAST		2a DATE KNOWN MONTH	
ET, ES,		Ruxt		C	Blacks		DEATH MATED 4	7 19 85
E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS. I W PRESTON STREET,	3. SEX	1 RACE	5. DATE OF BIRTH	YEAR 6. AGE (IN YE LAST BIRTHD	AY) MONTHE DAVE	HOURS MIN	PRONOUNCED DEAD	7 19 85 2 2d. HOUR 7 19 85 2:01
NESTO YOU	FO	RTHPLACE (STATE OR M)			MARRIED N	IEVER MARRIED	9 BALTIMORE CITY OR COU	
232		KRIDGE		4	WIDOWED L	DIVORCED L	Baltimore Cit	1.1
200	10. C1	TY OR TOWN OF DEATH  Baltimore	(IF NOT IN SUCH FAC	PITAL, NURSING HOME ILITY, GIVE STREET ADDRESS) Hanover S			WAL OCCUPATION (TYPE OF WORLD MOST OF WORLD LIFE)	OR INDUSTRY
NOEVITAL RECORDS 201 W	USU A	AL RESIDENCE (IF IN NURSING HOATATE ) 13b. COL	WE OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSI	ON)	CITY LIMITS? 13e. ST	REET ADDRESS HAND	VOR- 64
2 m -				BALTIMA	720 23			00 K
200	5	ATHER'S NAME FIRST  A MY US 1 B	ING X ST	ONE	15. MOTH	FIRST ON C		txst
IVISION OF	(YI	VAS DECEASED EVER IN U.S., ES, NO, OR UNKNOWN) (1F YES, G	ARMED FORCES?	16b. SOCIAL SECURIT		RMANT	ADDRESS 25	el Violer
DIVISION		you in	WU 2	14.16.70	107 10	NNIS LSI.	" CASTENE	ALUG-
Ω.		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	CED BY					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Adminer Along w AL-TRANSIT PERMIT. MENTAL HYGIENE, D N, OR REMOVAL.			PIATE CAUSE (a)C	Chronic Alc	oholism			
RIAL-TRANSIT PLA ID MENTAL HYG				AS A CONSEQUENCE	OF			1974
REA		Canditians, if any, whi gave rise to immedia						
NA OR		cause (a) stating the und		AS A CONSEQUENCE	OF			
JRIAL, CREMATION, C		lying cause last.						
S S		PART 2 OTNER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ION GIVEN IN PART 1 o		
KEN	Z O							
)	X	196 DATE OF OPERATION	196 CONDITI	ION FOR WHICH OPER	ATION WAS PERFO	RMED?		20 AUTOPSY?
7	E	0						YES NO X
3	CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME OF		21c HOW INJUR	RY OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18 PART I OR	
5	ALC	UNDERLYING OR		MONTH DAY YEAR				
	MEDICAL	CONTRIBUTING CAUSE C	OF DEATH P.M.	FINJURY (ATHOME,	21f LOCATION			
	ME	WHILE NOT WHILE		DRY, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY STATE
		AT WORK AT WORK						
	1 9	22a I certify that I taak ch	arge of the remains desc	ribed abave, held an	Autapsy .	Inspection X,	Inquiry . and in my	apınian
2		death resulted fram: No	atural contes X.	Accident . Su	icide . Ham	nicide Unde	termined manner .	
4			776/	1	TITLE	(SPECIFY)		
		ACTUAL SIGNATURE	111			4 04 0 04	DICAL EXAMINER SIG	E 4/8/85
1					,,,,,,	ME	FIGHT FUNDAMEN 3101	1.0
2		(TYPE OR PRINT)		R, Kauffman			nn St. Balto, M	ID.
	23a.B	URIAL, CREMATION, REMOVA	L 23b. DATE	23¢ NAME OF CE	METERY OR CREMA	TORY 23d. L	OCATION OR TOWN CO	TE INDIE
		Burial	4/62/8.	5 MD 2	1/ drown		New Wasuis	
	24 FI	UNERAL DIRECTOR	. 2 solve	11.		250 DOTE REC'D. B	Y REGISTRAR 256 REGISTRAR'S	
	/	Man face A	Amy 68.	m/16 as	or st	71110	1985 a Davids	on-Handelle
A15 ME (5))				•			1	•

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

DIVISION OF VITAL RECORDS,

(VRA 15, 4)

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FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

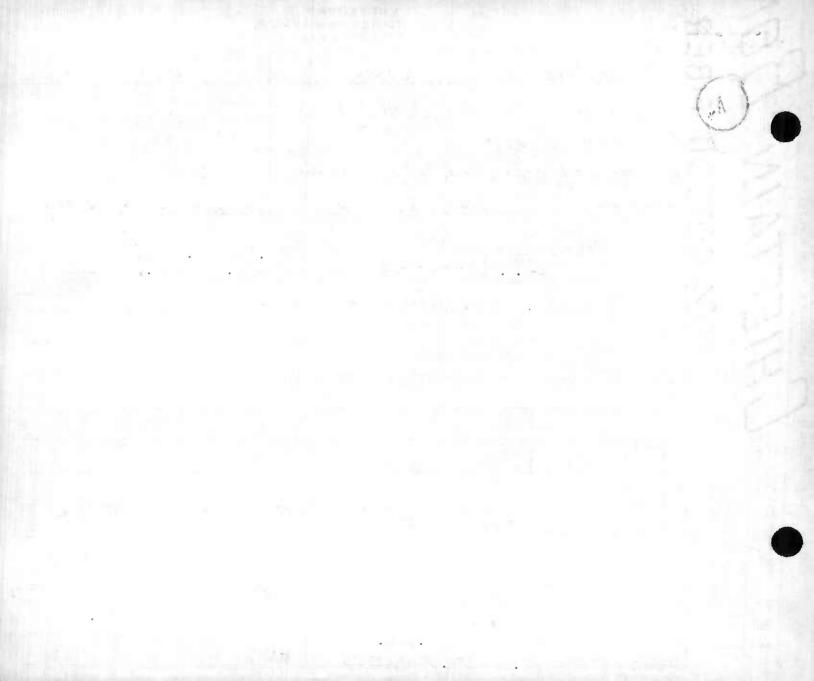
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1,199	CEASED NAME FIRST	MIDDLE	LAST	2a DATE OF DEATH	MONTH / DAY / DAY	26 HOUR 30
	Leonard	Б	IOCK		4/27/35	7. P
1.56	m ALE		ATE OF BIRTH MONTH DAY YEAR 11 1930	6 AGE (IN YEARS LAST BIRT	YRS.	HOUSE MA
B	IRTHPLACE (STATE OR FOREIGN 76 OUNTER!	717 14	ARRIED TO NEVER MARRIED OWED DIVORCED	9 BALTIMORE CITY OF	-	
150	Balto. City o	NAME OF HOSPITAL, NURSING HO UNDTIN SUCH FACILITY, GIVE ST. FEY ADDRESS	ME OR OTHER INSTITUTION S)	TYPE OF WORK FOR MOST OF PROPRIET	ON 126. KIND OF	F BUSINESS (
13a S	AL RESIDENCE (IF NURSING FIOME OR OTH STATE 13b. COUNTY		TES DE NO [	130 STREET ADDRESS /		,209
H. F.	HARRY	BLOCK	15. MOTHER'S MAIDEN NA. SARAH	MIDDLE	SWEET	GAL
	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN)   I IF YES GIVE W WWII-			S. ETHELAPPRE LE RD. BA		1209
	PART I. DEATH WAS CAUSED B IMMEDIATE C  Conditions, if any, which gave rise to immediate	111/2745-1441		0.4		
	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE	OF			
NOI	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE ( (c) NDITIONS CONTRIBUTING TO DEATH		INAL DISEASE OR COND	DITION GIVEN IN PART 110	)
THEATION	couse (a), stating the underlying cause last.	(c)	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONE  200 AUTOPSY?  YES NO	DITION GIVEN IN PART 1:0  20b IF YES, WERE FINDIN IN CERTIFYING CAUSES!	IGS USED
CAL CERTIFICATION	COUSE (01, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CON 190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	nditions <u>Contributing to Death</u>	BUT NOT RELATED TO THE TERM  ATION WAS PERFORMED  21c HOW INJURY OCCUR	200 AUTOPSY?	20b IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	IGS USED OF DEATH?
MEDICAL CERTIFICATION	Couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CON 190 DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	(c)  NDITIONS CONTRIBUTING TO DEATH  19b CONDITION FOR WHICH OPER.  21b. TIME OF INJURY HOUR A.M. MONTH DAY YI P.M.  21e PLACE OF INJURY IAT HOME, STREET, FACTORY, OFFICE FARM, ETC.	ATION WAS PERFORMED  21t HOW INJURY OCCURI	200 AUTOPSY?	20b IF YES, WERE FINDIN IN CERTIFYING CAUSES YES YEN ITEM 18 PART LOR PART 2)	IGS USED OF DEATH?
- CA	COUSE (01, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT COMPANY OF COMPANY OF COMPANY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	(c)  NDITIONS CONTRIBUTING TO DEATH  196 CONDITION FOR WHICH OPER.  216. TIME OF INJURY HOUR A.M. MONTH DAY YI P.M.  21e PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE FARM, ETG.	EAR  211. HOW INJURY OCCURI EAR  19  211. LOCATION STREET  Ond that in MA (our) opinion  DEGREE  ATTENDING	200 AUTOPSY?  YES NO CITY OR TOV  CITY OR TOV  death occurred on the do	20b IF YES, WERE FINDIN IN CERTIFYING CAUSES YES (COUNTY)  TO COUNTY  TO COUNTY	IGS USED OF DEATH? NO STATE
- CA	COUSE (01, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CON  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  210. INJURY OCCURRED  WHILE AT WORK  220.1 certify that of (this hospital) sow the deceased olive on above, at (we) (did) to 1	19b. CONDITION FOR WHICH OPER.  21b. TIME OF INJURY HOUR A.M. MONTH DAY YI P.M.  21e PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE FARM, ETI 0 ottended the deceased from 19	EAR  210 HOW INJURY OCCUR  EAR  19  211 LOCATION  STREET  DEGREE  ATTENDING PHYSICIAN  222 ADDRESS	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TOV  death occurred on the do  MEDICAL STAF  DIRECTOR PHYSIC	20b IF YES, WERE FINDIN IN CERTIFYING CAUSES YES (COUNTY)  TO COUNTY  TO COUNTY	STATE  STATE  what (**(we))    couses stoted  SIGNED

21215

BALTO

DHMH - 16 60M 7/B4 (VRA 15, 4)



34	1.	FOR - STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND SEALTH AND MENTAL HYCE CATE OF DEATH	SIENE REG. N	0 4 8	3 1	
2 ( F)		CEASED NAME EORPRINT)	MARY	PATR	ICIA	BLOD	GETT	20. DATE OF DEATH APRIL 17	MONTH DAY	YEAR	26 HOUR 10:37g
120007	3. SE	x F		RACE W		S. DATE O		6 AGE (IN YEARS LAST BIR	THDAY) IF C	INDER FYEAR	IF UNDER 24 HRS HOURS MIN.
000 57		IRTHPLACE (STATEORF		76. CITIZEN OF US	what country A	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMOI			W[
1	BA	ITY OR TOWN OF DEALLTIMORE		THE J	OHNS HO	ET ADDRESS)	S HOSPITAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemake)		126 KIND OI INDUSTRY	F BUS INESS OR
7	130.	AL RESIDENCE (IF NURS STATE Md.	COUN	imore	13c CITY OR TO Towson	DRE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 7611 Club	ZIP CODE Road	2120	4
130	14. F/	ATHER'S NAME FIRST Mat	thew <sup>^</sup>	Ward	LAST			athleen Brow		LAST	
12		vas deceased ever yes no grunknown) Yes		MED FORCES?	055 <b>1</b> 8		Julie Blods	gett 7611	Club Ro	oad	21204
physic of pope emovol event, t		18 CAUSE OF DEATH PART I. DEATH W		y one couse per BY: E C AUSE (o)	Cardian	ulmans.	errest				MATE INTERVAL INSET AND DEATH
Oriendin notion, or r troumotic		Conditions, if ony,		DUE TO, O	R AS A CONSEC		schemiz			20	Ī
by the cose remo		gove rise to imm couse (a), statin underlying couse	g the	DUE TO, O	R AS A CONSEC		faction			19	4
equires in signed. Then ple r to burid injury, or	NO	PART 2 OTHER SIGN	IIFICANT C	onditions <u>co</u>	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 110	114
he low rion. hos bee the permit. tene prio	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	206 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES [		
rysician physicial scentificate burial-transi Mental Hygan tem 18 sh		210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEAT	n	OF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)	
ottendin otten this of street the bust	MEDICAL	214 INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🗍		OF INJURY REET, FACTORY, OFFIC	E FARM ETC )	21f LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
TTENDIN pitol or TTOR: Af for use of Health		220.1 certify that (1) sow the decease obove, (1) we (c				10.	nd that in (my Cour) opinion	death occurred on the d	, 19. ote and hour or	%5 . t	hot (1) (we) lost ouses stated
AL OR A the has AL DIREC detached ore Dept T. If them		226. SIGNATURE	aul		and district		DEGREE  ATTENDING PHYSICIAN [	MEDICAL STA	FF X	22c. DATE S	1
HOSPITAL  oined by the  FUNERAL  ould be detent  the Store  PORTANT:		22d. PHYSICIAN'S NA		PRINT)	~	769	THE JOHNS	N WOLFE ST	BALT	O. MD	+
Shoot of the shoot	-			Territoria	100		<u> </u>	Teat to cation			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME, INC.

23b. DATE

4/20/85

236 BURIAL, CREMATION, REMOVAL

Burial

23c NAME OF CEMETERY OR CREMATORY Dulaney Valley Mem.

Timenium, Md. Gins.

23d LOCATION

STATE

10:37pm

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE STANDARD ST 6500 York Rd.

of the second se

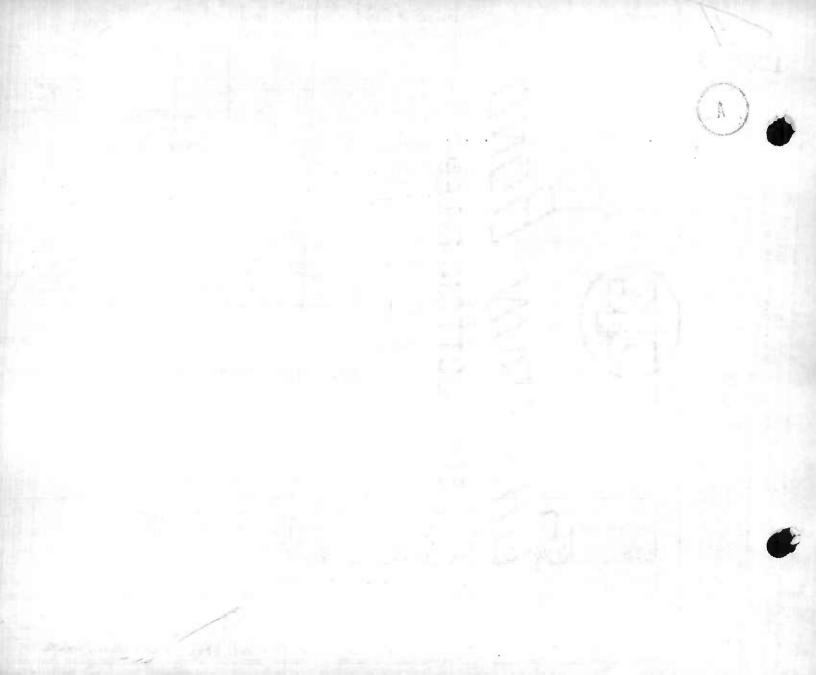
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) BONNELL DEATH MATED 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR MONTH 9:07A PRONOUNCED 4-24-85 27 57 black male To BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Baltimore City N. Carolina U.S.A. WIDOWED [ DIVORCED 10. CITY OR TOWN OF DEATH 2944 Garrison Blvd. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Apt. 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 113b COUNTY Baltimore 2944 Garrison Blvd.21216 Maryland YES X 14. FATHER'S NAME MIDDLE MIDDLE Stubbs Blue Pearlina 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Apt. 220-24-1929 Dorothy Blue 2944 Garrison Blvd. Hypertensive arteriosclerotic cardiovascular BETWEEN ONSET AND DEATH Conditions, if ony, which disease gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? NT OF HE BURIAL, 20 AUTOPSY? YES NO X 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFIER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 Inspection X 220 I certify that I took charge of the remains described obave, held an Autapsy Natural causes X Accident Homicide TITLE (SPECIFY) ACTUAL Assistant 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 4/27/85 23c NAME OF CEMETERY OR CREMATORY Marie Mount Auburn Cem. Ballimore. 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR March F/H Inc. 1101 E North Avenue **DHMH - 17** Thina Davidson Gandale (VR A15 ME (5))



FOR = STATE REGISTRAR

## STATE OF MARYLAND STATE OF MARYLAND & 5 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

KEOISTKA							G. NO.		
1. DECEASED NA	ME FIRST	,	MIDDLE	LAST		20 DATE OF DEA		DAY YEAR	26 HOUR
	JOSEF	PH	W. BC	BLITZ		APRIL	24, 198	5	11:1
3 SEX	7 7	4 RACE		DATE OF BI	RTH	6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
1/1	1	W		MONTH /	19 /20 YEAR	65	YRS	MONTHS DATS	HOURS MIN.
70 BIRTHPLACE	( STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?			A BALTIMORE C		Y OF DEATH	
COUNTRY)	ND.	US	A	MARRIED L WIDOWED [	NEVER MARRIED DIVORCED	DALTE	MODE CT	TV	
CITY OR TOW	N OF DEATH		OSPITAL, NURSING			12a USUAL OCC	MORE CI		F BUSINESS OI
BALTIMO	DF	(IF NOT IN SUC	H FACILITY, GIVE STREET AD	DRESS)		(TYPE OF WORK FOR A		FE) INDUSTRY	
BUAL RESIDEN	-	THE JOHN	S HOPKINS	HOSPI.	TAL — — —	TRUCK.	DRIVER	_	1151
130. STATE	Wh OU	NTY	13c. CITY OR TOWN		INSIDE CITY LIMITS?	13e STREET ADDR	ESS / ZIP COD	E	1221
1000		ALTO	ESSEX		S NO	57A	FENU	19/ N	,
4 FATHER'S NA		MIDDLE	LAST	15	MOTHER'S MAIDEN NA	OLA	DLE	LAS	ī
WI	LSON	B	OBLITZ		BERTH			WARD	5
		RMED FORCES?	166 SOCIAL SECURI	1	INFORMANT	A	DDRESS	4 0	
UNI	< IN		215-10-5	439 L	IRGINIA	BRUCE		ABOL	F
18 CAUSE	OF DEATH (Enter o	nly ane cause per	line for (a), (b), and	c 1		Ano	2-	BETWEEN	MATE INTERVAL ONSET AND DEATH
PART I.	DEATH WAS CAUSE	ED BY: .TE CAUSE (a)	Caren	opun	nonony	141-10	31	Sin	1177
			AS A CONSEQUEN	CENE A	1100-1	6.11.	. 0		
Candition	s, if ony, which	( b)	onels	tive	HEART	rein	The		45
	to immediate	DUE TO COL	AS A CONSEQUEN	cend	110 - 10	1000	1000	1	
	g cause last	1000	of grant	वा	Ve sculd	10186	ase	11	11
PART 2. O	THER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DE	ATH BULNO	RELATED TO THE TERM	AINAL DISEASE OR	CONDITION GI	VEN IN PART 1	9
8 HU	persens	Man. 5	10 Femo		opliteal	+ Obtus	afor	BYD	ass
THE THE TOP ACCIDE	OF GPERATION	196 CONDI	TION FOR WHICH O	PERATION W	AS PERFORMED	20a AUTOPSY		S, WERE FINDI	
I I	12/8	SPe	roher	-a1 Ve	Escular 15.	B YEST NO	\.\(	FYING CAUSES	OF DEATH?
21g ACCIDE	NT WAS UNDERLYING			21	. HOW INJURY OCCUR		F INJURY IN ITEM 18		
00.000,000	UTING CAUSE OF DE	AIII	M. MONTH DAY						
<u> </u>	Y OCCURRED	P. P. PLACE		19 216	LOCATION				
	NOT WHILE	(AT HOME STR	EET, FACTORY OFFICE, FAR		STREET	CITY	ORTOWN	COUNTY	STATE
AT WORK	AT WORK	utal patenniad th	e deceased fram	Troin.	21 10 85	S AR	M-24	10	that (I) (we) la
saw t	he deceased alive ar	n	19		at in (my) (our) opinian	death occurred on	he date and ha		
22h SIGNA	, (l) (we) (did) (did no	at) view the bady	after degth.	ADEG				22c DA/E	1
220 31GIV	MA	mar	Mov	MY	ATTENDING	MEDICAL	STAFF V	1117	27/8.
and bridge	CIANI'S NIAME	OD BOULD		120	PHYSICIAN	DIRECTOR   PI	TYSICIAN Z		-1
ZZd. PHYSI	CIAN'S NAME LITTE	MAN	700	177	APPRESS HUS	110	DICIN	5 U	DSPIT
1	) //////	1114101			ONTIN	110	117	- Il	031111
230. BURIAL, CRE	MATION, REMOVAL	236 DATE	/ _		TERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
L L	NKIAL	4/29	185 GA	RRISO	N FOREST		40.	MD	.,,,,,,,
24 FUNERAL DIR	ECTOR		/		25a DA	TE REC'D BY REGIS	TRAPISS PEGIS	TRAP'S SIGNAT	LIDE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove corban papers. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

requires that the death certificate be

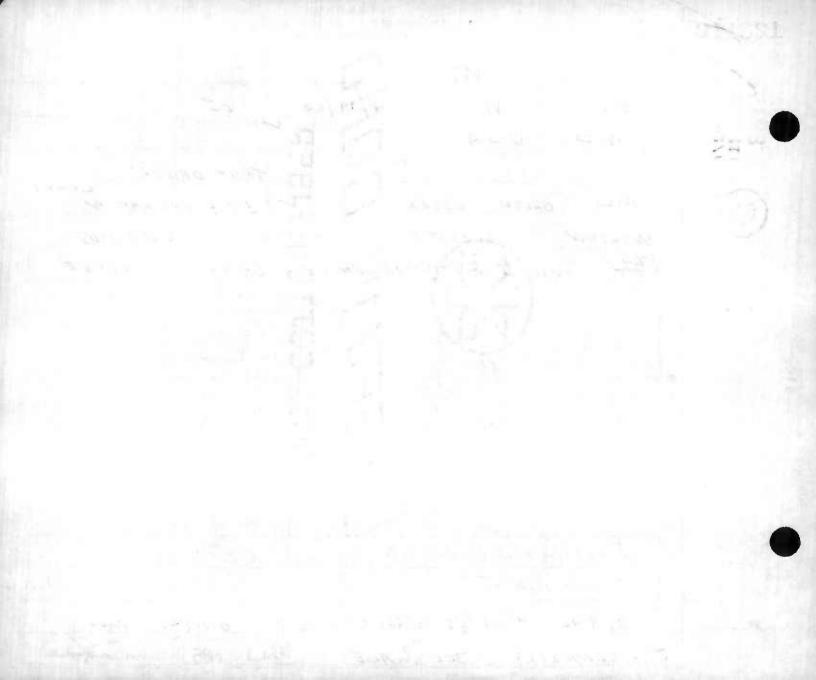
TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

J.B. CONNELLY

ADDRESS 300

MAY 1

1985 Julie Davidson Jandson



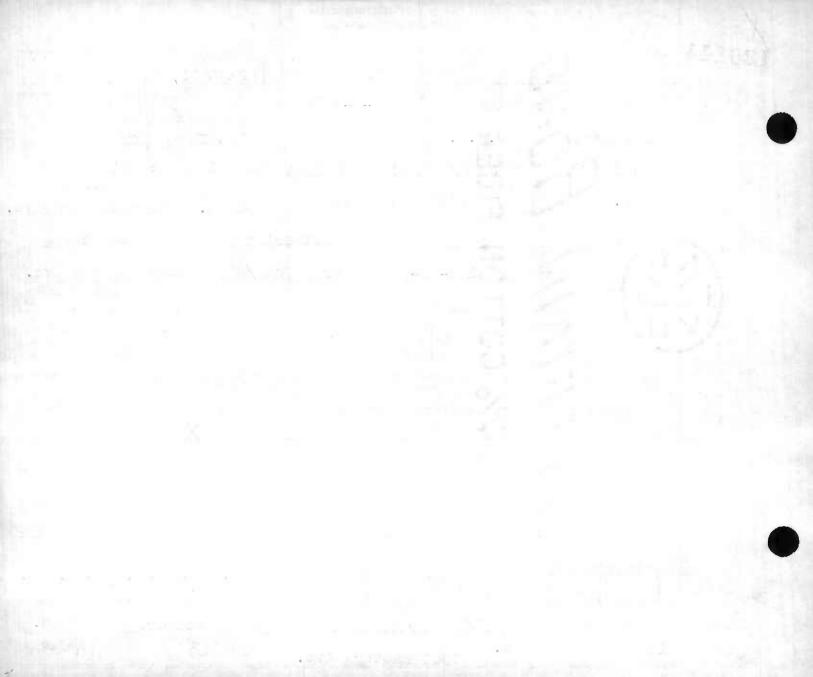
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22 July 2

X	1 -	FOR STATE REGISTRAR	DEPAR	8 5		
120144		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR A
by be	(ITEE	WAT.	ס קיי	BOGDAN	APRIL 23, 198	85 1:45 M
NOE OF	3. SE		4 RACE	S. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
oge 4		Male	White	MO184-7-1926 YEAR	58 <sub>YRS</sub>	MONTHS DAYS HOURS MIN.
leoth. Por in 72 beg		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY U.S.A.	Y? 8 MARRIED XX NEVER MARRIED  WIDOWED DIVORCED	BALTIMORE CITY OR COUNT	
s after d by the furth iled with	1	TY OR TOWN OF DEATH BALTIMORE	THE JOHNS HO	SING HOME OR OTHER INSTITUTION SET ADDRESS! PKINS HOSPITAL	Shipping/Rece	126 KIND OF BUSINESS OR TO THE CLERK
filled in puld be filled in	.USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION) 13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CODE 609 S. Patte	21231 rson Park Ave
A Samine	14 FA	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	Waszocha
100	16a V	John Vas deceased ever in u.s. ar	Bogdar RMED FORCES? 1166 SOCIAL SE		ADDRESS	Waszocha
be exe	0	YES NO OR UNKNOWN) (IF YES GIV	VE WAR OR DATES)	2-3286 Sharon Jur	ng/609 Patters	on Park Ave.  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires that the death ce as signed by the attending Then please remove rate in jury, or ather traumaria	ION	Conditions, if ony, which gove rise to immediate cause 10 stating the underlying cause last  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSECTION OF AS	-g cares	NINAL DISEASE OR CONDITION GIV	15 mathy VEN IN PART 1(0
ian. i has been to permit iene pricionavs only	CERTIFICATION	190 DATE OF OPERATION	198 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
CIAN: T physici physical physici physici physici physici physici physici physici physi		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
attending ottending ter this ce is the buring h and Mer	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET FACTORY OFFIC	211 LOCATION	CITY OR TOWN	COUNTY STATE
ATTENDING or CTOR: After use of Health		sow the deceased dive on	ot) view the body after death.		death occurred on the date and hou	19 that (I) (we) lost u) and from the couses stated
O HOSPITAL OR A peroined by the horror of FUNERAL DIRECTOR For any of the state of the control of the state o		226 SIGNATURE	DR PRINT)		MEDICAL STAFF DIRECTOR PHYSICIAN ON WOLFE ST	122 DATE SIGNED 1/23/85 F. BALTO. MD.
TO HOSP retoined TO FUNE shauld be with the !	23a. E	SURIAL, CREMATION, REMOVAL	123b. DATE 123	NAME OF CEMETERY OR CREMATORY	123d LOCATION	21205
BP		Cremation		Treenmount Cemet	Baltimore	md.
DHMH - 16 60M 7/84 (VRA 15, 4)		lly & Zeiler	Inc. ADDRESS	Eastern Ave	R 2 6 1985	Will ason Handes



DIVISION OF VITAL RECORDS,



	18	1.	FOR STATE REGISTRAR		DEPARTA	AENT OF H	OF MARYL EALTH AND ICATE OF	MENT AT HYG	5. TENE	REG. NO	) 4	8 7	
10000	20		CEASED NAME FIRST OR PRINT)		MIDDLE	L	AST		2a. DATE OF	DEATH	MONTH D	AY YEAR	26 HOUR
10900	3%	(1172	Stanley			Bo	lling				3 30	85	M
1/57	1	3 SE	X	4 RACE		5. DATE C		YEAR	6 AGE (INY	EARS LAST BIRT	(HDAY)	FUNDER TYEAR	IF UNDER 24 HRS
_ 1 10	1		Male	Bl	.ack	11	12	1914	70		YRS.	O.T.II.S. DATS	Mark.
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	18	(	RTHPLACE (STATE OR FOREIGN COUNTRY)  Virginia	U. S.	WHAT COUNTRY?	8. MARRIE WIDOWE		MARRIED			City	OF DEATH	MD.
rs offer d by the filed virin	4/		TY OR TOWN OF DEATH  Baltimore	(IF NOT IN SU	HOSPITAL, NURSING CHEACHITY, GIVE STREET CAN HOSpit	ADDRESS)	R OTHER INS	NOHUTIT	12a USUAL C (TYPE OF WORK Welde	FOR MOST OF	ON F WORKING LIFE	INDUSTRI	Guard
124 hourstilled in	See Per	130. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN Maryland	OTHER INSTITUTION		ADMISSION)	13d INSIDE (	NO 🗌	13e.STREET / Balti	ADDRESS /	ZIP CODE		rleith A
ed within	300	14 FA	THER'S NAME FIRST  Clinton	C.	Bolling	1		'S MAIDEN NA FIRST Bessie		WIDDLE			icks
d co	medical		VAS DECEASED EVER IN U.S. ARA	MED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORM	ANT	322	3 1801	Teith	Avenue	2
n and c	the med		No.	WAR OR DATES;	068-05-9	221	Corine	Bollin	ng Bal	timor	e, Mai	ryland	21215
aw requires that the death been signed by the attendi rmit. Then please remove can	prior to buriol, cremation. or ony injury, or other traumatic	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	ONDITIONS C	DR AS A CONSEQUE	DEATH BUT		D TO THE TERM	MINAL DISEAS	E OR CONI	20b. IF YES,	WERE FINDIN	NGS USED
he le on.	ows ows	E							YES 🗌	NO	YES		NO [
NG PHYSICIAN: The law requir oteration of outending physician. When this certificate has been signs the burial-transit permit. There	ltem	MEDICAL CER	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A	.M. MONTH DA	AY YEAR		NJURY OCCUR	RED (ENTER NA	TURE OF INJUR	RY IN ITEM IB PA	RI I OR PART 2)	
G PHY offendi	alth and M marked or	MED	21d. IN JURY OCCURRED  WHILE ON TWHILE OF WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATI	ION		CITY OR TO		COUNTY	STATE
HOSPITAL OR ATTENDING by the hospitol or FUNERAL DIRECTOR: A old be detoched for use	State Dept. of He		22a. I certify that (I) (this hosping sow the deceased allowed obove, (I) (we) (did / club not received to the control of the	Diew the body	9/11 198	1.D	DEGREE	SS		STAF	ote and hour	ond from the	
BP C s	> X		BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial	23b. DATE 4/4			EMETERY OR	CREMATORY rial Par		ATION OR TOWN		COUNTY	daryland
DHMH - 16 50A	A 4/83	24 F	Utter & Sons		Gwynns F			25a DAT	E REC'D. BY R		25b. REGISTE	AR'S SIGNAT	URE
(VRA 15, 4			neral Home. Inc						R 161	985	julia de	undson-D	andelle

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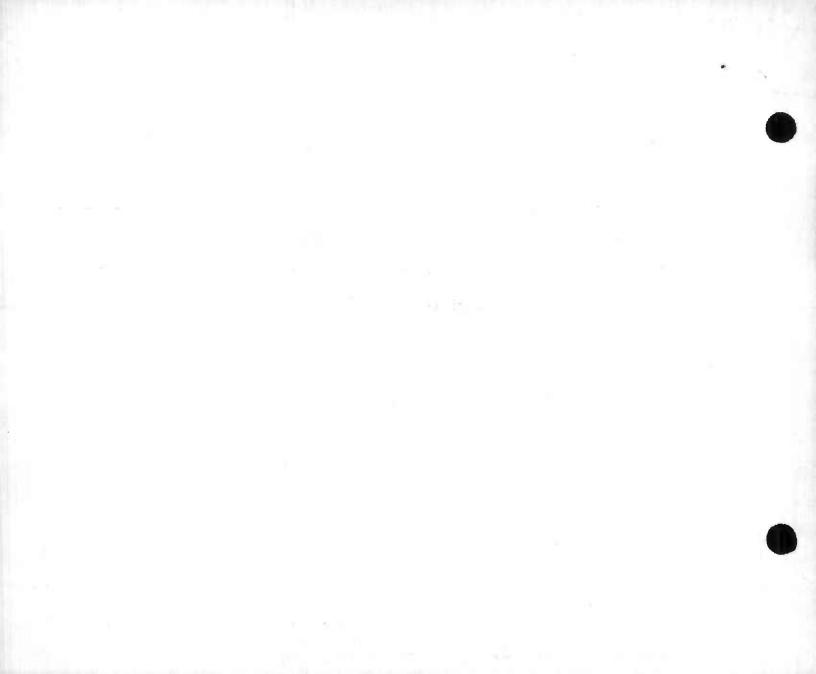
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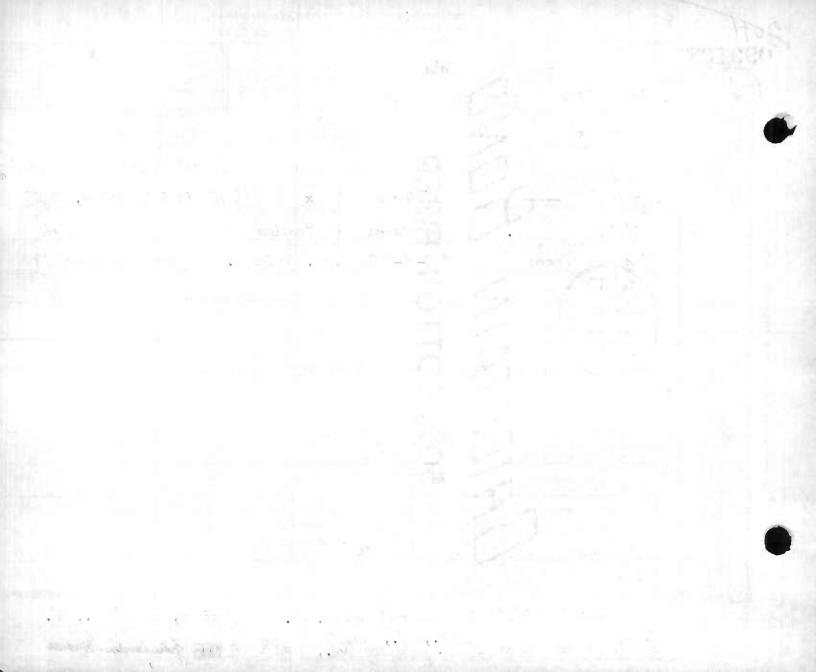
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1 -	5, per F.H. 4/26 FOR STATE REGISTRAR	5/85 kam	DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH		) 4	8 8	
DEC		,	MIDDLE	Ĺ/	AST			Y YEAR	26 HOUR
[ TYPE (	DR PRINT) MAC	EL		R	ONNETT		04 8	85	12:20
5EX		1. RACE		5. DATE O	F BIRTH		THDAY) IF	UNDER 1 YEAR	IF UNDER 24 HR
-	FEMALE	MHW	ITE	нтиом	DAY YEAR)	<del>-84</del> 83		NIHS DAYS	HOURS MI
C	DUNTRY)		WHAT COUNTRY	MARRIED		9. BALTIMORE CITY O	R COUNTY C	FDEATH	,
f. Cit	OR TOWN OF DEATH	11. NAME OF H	H FACILITY, GIVE STRE	ET ADDRESS)		(TYPE OF WORK FOR MOST O	F WORKING LIFE)	126. KIND OF INDUSTRY Homes	BUSINESS C making
130. S1 Mar	yland Balt	OTHER INSTITUTION		ORE ADMISSION)	YES NOKE	3309 Cedarh		d. Bal	to.,21
4 FAT		WIDDLE	Andrews	3	15 MOTHER'S MAIDEN NA		е	LAST	
					17 INFORMANT				
No	S, NO ON UNKNOWN) (IF TES, GIV	E WAR OR DATES)	213-74	-1067	Mabel M. H	nsen 802 S	tarbit	Ct. 2	1204
CATION	couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	CONDITIONS CO	ONTRIBUTING TO	O DEATH BUT		MINAL DISEASE OR CONI	20b. IF YES, V	WERE FINDING	GS USED
THE						YES NO			NO [
CAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	HOUR A	M. MONTH  M. OF INJURY	19	21r. HOW INJURY OCCUR 21f LOCATION STREET			COUNTY	STATE
	22a I certify that (I) (this hospi saw the deceased alive on above, (I) (we) (did) (did no	t) view the body	19	, an	DEGREE	MEDICAL STAF	ate and hour o		auses stated
	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)			220 ADDRESS GOOD	SAMARI		HOSP	1441
	120000								
	URIAL, CREMATION, REMOVAL PECIFY) Burial	23b. DATE 4-12-8			emetery or crematory d Mem. Pk.	23d. LOCATION CITY OR TOWN	Baltimo	COUNTY BUT-	and SIAIS
	MEDICAL CERTIFICATION  WEDICAL CERTIFICATION  WEDICAL CERTIFICATION  WEDICAL CERTIFICATION  WEDICAL CERTIFICATION  ON WASHINGTON  ON WASHINGT	REGISTRAR  DECEASED NAME [IMPE OR PRINT]  SEX  FEMALE  B. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Vland  CITY OR TOWN OF DEATH  SUAL RESIDENCE (# NURSING HOME OR 130, STATE  SUAL RESIDENCE (# NURSING HOME OR 130, STATE  NAME PRIST  RICHARD  18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, if any, which gove rise to immediate couse (o.), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT OR 100 OR CONTRIBUTING CAUSE OF DEAT (IF EITHER MOTIFY MEDICAL EXAMINER AT WORK  21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER MOTIFY MEDICAL EXAMINER AT WORK)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22d. I certify that (1) (this hospins saw the deceased alive on obove, (1) (we) (did) (did no 22b. SIGNATURE	REGISTRAR  DECEASED NAME [179E OR PRINT]  MABEL  SEX  FEMALE  G. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  FINAND  FILE OR TOWN OF DEATH II. NAME OF IF NOT IN SUC GOO.D  SUAL RESIDENCE (IF NURSING HOME OR OTHER RISTITUTION IS NOT IN SUC GOO.D  SUAL RESIDENCE (IF NURSING HOME OR OTHER RISTITUTION IS NOT IN SUC GOO.D  SUAL RESIDENCE (IF NURSING HOME OR OTHER RISTITUTION IS NOT IN SUC GOO.D  SUAL RESIDENCE (IF NURSING HOME OR OTHER RISTITUTION IS NOT IN SUC GOO.D  SUAL RESIDENCE (IF NURSING HOME OR OTHER RISTITUTION IS NOT IN SUC GOO.D  SUAL RESIDENCE (IF NURSING HOME OR OTHER RISTITUTION IS NOT IN SUC GOO.D  SUAL RESIDENCE (IF NURSING HOME OR OTHER RISTITUTION IN SUC GOO.D  STATE  MIDDLE  RECURRED  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART 2 OTHER SIGNIFICANT CONDITIONS COORDING (b)  PART 2 OTHER SIGNIFICANT CONDITIONS COORDING (C)  PART 3 OTHER SIGNIFICANT CONDITIONS COORDING (C)  PART 4 OTHER SIGNIFICANT CONDITIONS COORDING (C)  PART 5 OTHER SIGNIFICANT CONDITIONS COORDING (C)  PART 6 OTHER SIGNIFICANT CONDITIONS COORDING (C)  PART 1 OTHER SIGNIFICANT CONDITIONS COORDING (C)  PART 2 OTHER SIGNIFICANT CONDITIONS (C)  PART 2 OTHER SIGNIFICANT CONDITIONS COORDING (C)  P	REGISTRAR  DECEASED NAME [179E OR PRINT]  MABEL  RACE  FEMALE  I. RACE  WHITE  II. NAME OF HOSPITAL, NURS  COUNTRY)  JUSA  SUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE BEFORE  AND COUNTY  SUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE BEFORE  BETT OR TOWN OF DEATH  SUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE BEFORE  SUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE BEFORE  STATE  MADDLE  AND COUNTY  BALTIMOTE  BALTIMOTE	DECEASED NAME  INTEGERAL I	DECEASED NAME  INTERIOR MARKE  DECEASED NAME  INTERIOR MARKE  INTERIOR MARKE  INTERIOR MARKE  INTERIOR MARKE  INTERIOR MARKED  INTERIOR MARKED	REGISTRAR  DECEASED NAME  TREST  MODIE  AND TECHNICAL PRINCIPLE  BONNETT  18. DATE OF BATH  MODIT  MODIT	DECEASED NAME    MEDI   MARCE   SDANE   MODILE   BONNETT   REGISTRATE OF DEATH MODILE	REGISTAR  REGISTAR  REGISTAR  MARE  INVESTMENT IN MODIL  REGISTAR  MARE  INVESTMENT  REGISTAR  MARE  INVESTMENT  REGISTAR  MARE  INVESTMENT  REGISTAR  MARE  INVESTMENT  REGISTAR  REGISTAR  MARE  INVESTMENT  REGISTAR  REGISTAR  REGISTAR  MARE  INVESTMENT  REGISTAR  R



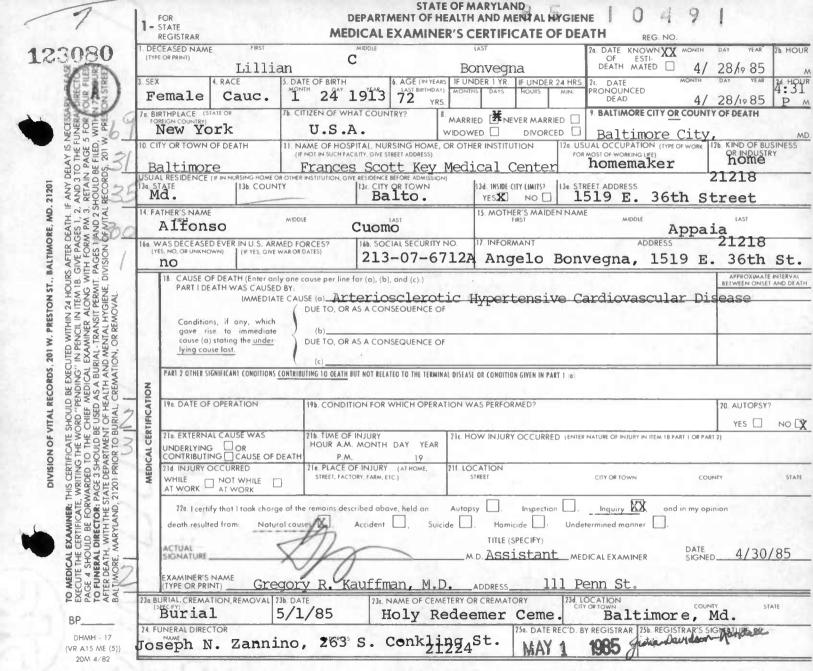
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20 DATE KNOWN MONTH 26. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED John Arthur 85 Borggreen 4 RACE SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 12:14 White DEAD TO BIRTHPLACE (STATE OR WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Vew York Baltimore City DIVORCED WIDOWED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS etter South Baltimore General Hospital Baltimore annie B. GIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAIN P. T. PAGES 1 AND 2 SHOULD BE DIVISION OF WITAL RECORDS. 13. STREET ADDRESS 4612 Vinginia Avenue, 13a STATE 136. COUNTY 13d INSIDE CITY LIMITS? Panuland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Vestina Somoneen 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF,YES, GIVE WAR OR DATES) Mrs. Regina A. Same as #1 Yes Borogneen Konea MANER: THIS CERTIFICATE STATES THE MANER THIS CERTIFICATE WRITING THE WORD "PENDING" IN A STATES A FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG THE FECTOR: PAGE 3 SHOULD BE USED AS A BURKAL-TRANSITY PERMIT PAGENE, DIVIS CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY | AT HOME. 211. LOCATION TO MEDICAL EXAMINEN, WRITIN SECURE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLMORE, MARYLAND, 21201 P AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinian Natural courses X death resulted from Undetermined monner LITLE (SPECIFY SIGNED 4/1/85 Assistant EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE Meadowridge Mem. 07/84 25M 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR DHMH - 17 ully Funeral Homes Patapsco Ave. (VR A15 ME (5))

STATE OF MARYLAND



		FOR	DEPART	STATE OF MARYLAND	5 1 0	490
134001	1.	STATE REGISTRAR	DEI ARTI	CERTIFICATE OF DEATH		
713	1 DE	EASED NAME FIRST	WIDDLE	LAST	REG. NO.	NTH DAY YEAR 2b. HOUR
16		OR PRINT)		BOSE		RIAL 6 1 85- 11-35/AM
	3. SE		4 RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 2-HRS
		FEMALE	WHITS	MONTH DAY YEAR	5 A	MONTHS DAYS HOURS MIN.
0 E T		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	9	9 BALTIMORE CITY OR C	
# 1620		ARYLADD	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		RE CITY MD.
1 11 2		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR PRKING LIFE) INDUSTRY
5 4 4 4 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6	B	ALTIMORE	GOOD SAMA	RITAN HOSP.	AT Hom:	
hour file	13a S	AL RESIDENCE (IF NURSING NOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13e.STREET ADDRESS / ZI	P CODE 21234
24 T	3	ARYLAND BAND	inore PARKVIL	YES NO	19423 Ric	
12/10/10	M. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	(AST
W P 1	1	FRZOZRICK	T. RICTOR	MILORS	O B.	LUTI
wecut xecut dico		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
on ond c		0	3172218	813 FAMILY	RECORDS	
Trificate be execu- physician and a mpopers. Pages emovol.		18 CAUSE OF DEATH (Enter or	lly one couse per line lor (o), (b), on D BY:	d (c)	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physic onpope emovol event, tl			E CAUSE (a) OAT CELI	- CARCINOMA OF	the Lungar	ud 10 mounts
or r			DUE TO, OR AS A CONSEQU	ENCE OF	1	
e death ce tottendin move corb troumatic		Conditions, if ony, which	( 16) relosto	tic discres wi	A SEPSI	2
W. PK  Not the by the sse rem cremo		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
that d by lease iol, ci		underlying couse lost.	(c)			
S ed 5	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITI	ON GIVEN IN PART 110
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir ottending physicion.  ffer this certificate has been signost the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows any injury	5		The company to the same of	OPERATION WAS PERFORMED	20g AUTOPSY? 20	Ib. IF YES, WERE FINDINGS USED
nos bee	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	II.	CERTIFYING CAUSES OF DEATH?
The The construction of the policy of the po	RT	at accompany to the property of E	THE OF INJURY	No. HOW BUILDY OCCUR	YES NO NO	YES NO
VYSICIAN: The ding physicic sis certificate buriol-tronsit mem 18 styles from them 18 styles from the from t		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
SICIA ng pl certif certif triol-t	ICA	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19	<u>.</u>	
2 PHY thendi	MEDICAL	21d, INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
NG ING	-	AT WORK AT WORK				
NO OF			tol) ottended the deceosed from_	May T 51 19 55		ond hour and from the couses stated
CTC CTC CTC of 100 of 1		above, (1) (we) (did) (did no	t) view the body ofter death.		death occurred on the date	
AL OR ATTEN y the hospitol AL DIRECTOR, detoched for u ote Dept. of He AT. If Hem 21 is		22b. SIGNATURE		DE GREE ATTENDING	MEDICAL STAFF	221. DATE SIGNED
		Lakesurra	A Character Comme	M.B.B J PHYSICIAN	DIRECTOR PHYSICIAN	May 6 th 1985
HOSPITAL med by the FUNERAL wid be detailed to the Stote		22d. PHYSICIAN'S NAME (TYPE C		22e. ADDRESS	AMARITAN	HOSPITAL
TO HOSPITAL retoined by the TO FUNERAL should be detroined to the March the Store IMPORTANT:		LOKESWARA	RAD EDARA	DALTI	MORE . MC	1 - 21239
7		BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	1	SURIAL	MAY101985 D	PELLAV PRALLEY		m BALTO MO.
DHMH - 16 50M 4/83	24 F	JNERAL DIRECTOR	ADDRESS .	9900	TE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
(VRA 15, 4)	15.	vans (HAPS)	OF DEMORISS	HARFURD ROOD M	AY # 0 1985 X	ine beviden-Aprilables

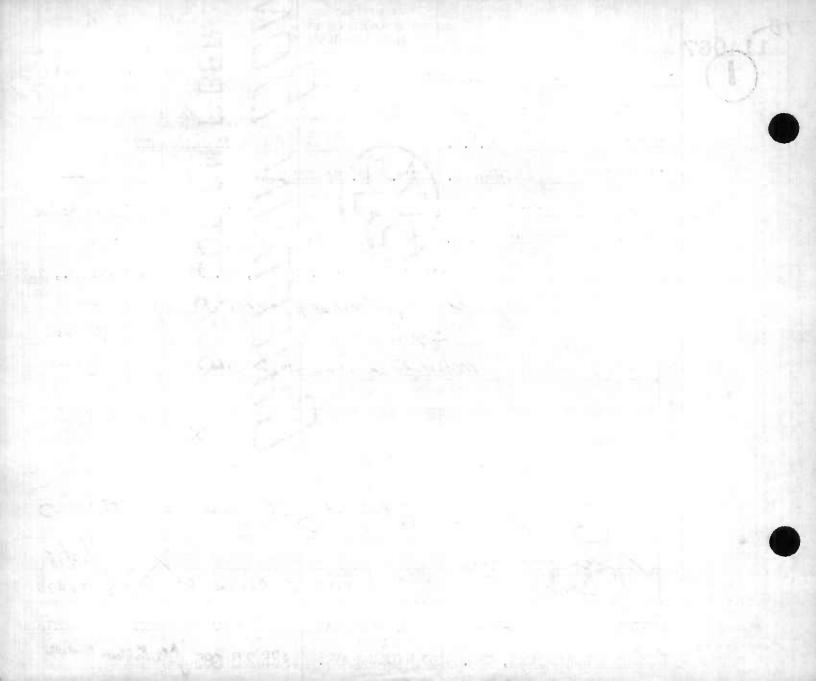




appletely filled in the and 2 shauld be filed and 2 s executed TO FUNERAL DIRECTOR; After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval. OR ATTENDING PHYSICIAN. The law retained by the hospital ar attending physician.

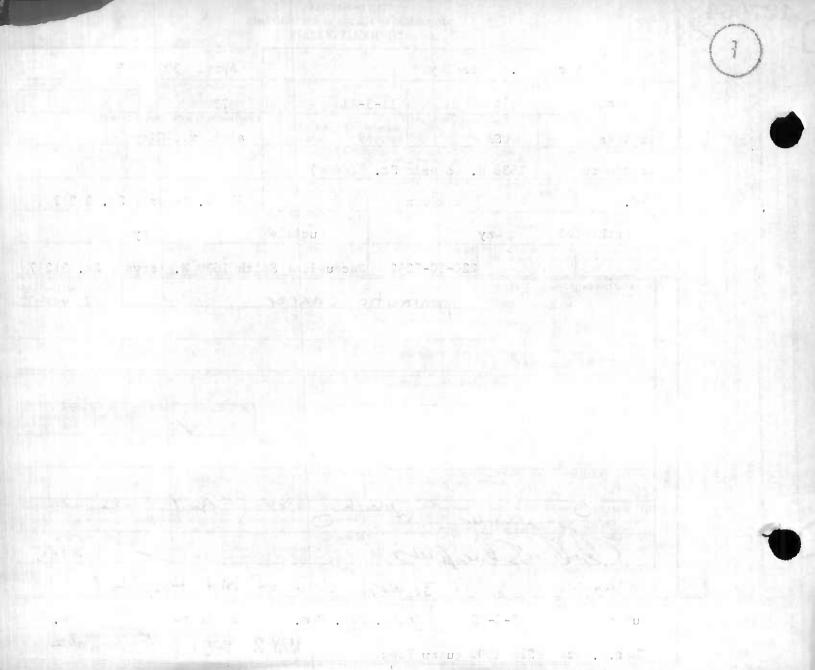
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

OCM	1-	FOR STATE REGISTRAR	DEPA		HEALTH AND MENTAL HYG	REG. NO.	To The San	
MOL		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
1	(TYPE	CATHE	RINE ELIZABE	TH BO	UNDS	4	20 1985	8:25 PM
	3. SE.		4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
		FEMALE	WHITE	10	27 .15.	69 y	MONTHS DAYS	HOURS MIN.
*RA		RTHPLACE (STATE OR FOREIGN COUNTRY) & A	76 CITIZEN OF WHAT COUNT U.S.A.	RY? 8.	D NEVER MARRIED	9. BALTIMORE CITY OR COU BALTIMORE C	NTY OF DEATH	MD
Pall43	10 C	TY OR TOWN OF DEATH SALTIMORE	11. NAME OF HOSPITAL, NUI	RSING HOME (		120 USUAL OCCUPATION (TYPE OF, WORK FOR MOST OF WORK IN HOMEMAKER	12b KIND C	OF BUSINESS OR
35	13a S M	ARYLAND 136 60	OR OTHER INSTITUTION GIVE RESIDENCE BI UNTY 13g. CITY OR T BALTI	OWN	13d. INSIDECITY LIMITS? YES NO	13e STREET ADDRESS / ZIP C 3646 GREENVA	LE ROAD,	21229
exomine	14. FA	JOHN. R	OBERT , HUDS	ON	CATHER INE	ME	DRENN	
7		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL S	ECURITY NO.	17 INFORMANT	ADDRESS		
medicol		NO	215-4	0-4401	JOHN A. BOUN	DS, SR. 3646 G	REENVALE	RD., 212
		PART I. DEATH WAS CAU	only one couse per line for (a), (b) SED BY:	/ 6	,	irrest.		XIMATE INTERVAL ONSET AND DEATH
oumatic ev		Conditions, if ony, which	DUE TO, OR AS A CONSE	/		, , ,	72	hrs.
0.00		gove rise to immediate couse (a), stating the underlying cause last.			areinoma of t	the colon.	7	years.
njury, o	NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING				GIVEN IN PART 1	0
2 mos oun	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FIND! RTIFYING CAUSES YES T	NGS USED S OF DEATH?
em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
rked or H	MEDICAL	21d INJURY OCCURRED  WHILE ONT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFF		21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
21 is mo	R	220.1 certify that (I) (this has	pital) attended the deceased from	63 /	nd that in (my) our pinion of	deoth occurred on the date and	hour and from the	that (1) we lost
T. If Item		226 SIGNAL GIO	not) view the body ofter death.		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224 DAY	tongo
MAPORTANT:		220 PHYSIGIAN'S NAME (TYP)	E OR PRINT)		22e ADDRESS	Hanove St.	Balto.	21230
3 ₹		URIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
		JURIAL JNERAL DIRECTOR	04-25-85		OON PARK	BALTIMORE C	TTY	MARYLAND
0M 7/B4 , 4)		NAME	HOME, INC. 410		-47	R 2 2 1985	Davidson-1	andell



3	1-	FOR STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND  BEALTH AND MENTAL HYCE  CATE OF DEATH	REG. NO.	9 3
1	(TYPE	CEASED NAME FIRST OR PRINT) Ada	MIDDLE MM I	1	Boyer	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR,
	3. SE)	F	B	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)  SG YRS	MONTHS DAYS HOURS MIN.
:35	1	Balto Md	L CITIZEN OF WHAT COUNTS  USA  1. NAME OF HOSPITAL, NUE	WIDOW	Casa .	Baltimore  120 USUAL OCCUPATION	Y OF DEATH  OF BUSINESS OR
38	_	Balto. Md	Un IN OUS ITY	D Md	Hosp.	TYPE OF WORK FOR MOST OF WORKING L	
35	13a. S	THER'S NAME	IY IBC CITY OR J		13d INSIDE CITY LIMITS?  YES NO   NO	13e STREET ADDRESS / ZIP COD 942 Brooks L	
\$00		Levin	Corn		Carroll	MIDDLE	Cornish
e medico		(AS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (IF YES GIVE	MED FORCES? 166 SOCIAL SI WAR OR DATES) 212-36	2-3080	Theodore U	Theeler 4229 Pin	nilco Road
event, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y one couse per line for (a), (b) BY: CAUSE (b)	SIND CO	1 yearon	SPREST	BETWEEN ONSET AND DEATH
ather troumatic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSE	-ZUNE	Heart	Foruse	WOUTHS - YE
r injury, ar	TION					ainal disease or condition gi	
shows on	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIC		YES NO Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
Item 18 s	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?)
arked ar	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFF	ICE FARM ETC )	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
n 21 is mo		22a.1 certify that (1) (this hospital saw the deceased alive an above, (1) (we) (did) (did not	414-175		nd that in (my) (our) opinion	death occurred on the date and ha	)9, that (I) (we) lost ui and from the couses stated
T. If Hen		22b. SIGNATURE	WW HWIS	Qu,	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 424/85
IMPORTANT		22d PHYSICIAN'S NAME (TYPE OF UITZHCH IT	- Weiss UD		22 So (	Treene Stice	+ Raitz,M)
_		URIAL, CREMATION, REMOVAL  Burial	23b. DATE 4/29/85	Md Nat		Park CITY OR TEAUTEL	COUNTY STATE Md
7/84		INERAL DIRECTOR NAME  1 liam C. Marc	h F/H 1101		Al Al	PR 2.9 1985	TRAR'S SIGNATURE

THE POST THE SLA it me ust a Britishad Caty Veryor Lune Coules Vous de Lever II 11 Cadriag anost 4/26/15 Libraria Miss



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1	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours assisted and 4 may retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and complete, filling in the internal mirror, pages should be detached for use as the buring-stonast permit. Then please remove carbon papers. Pages I fond 2 should be filled. Then offer detached has been also been of Health and Mental Hygiene prior to buring, cremation, or removal.	IMPORTANT: If them 21 is marked or them 18 shaws any injury, ar other traumatic event, the medical examine must be not set at an
	TO HOSPITAL OR A	TO FUNERAL DIRE	IMPORTANT: If Her

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERT	FICATE OF DEATH	REG. NO.					
		CEASED NAME PAUL	ine MID	DLE	LAS Brady	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR			
	(TTPE	Poul			Rodin	4	6 85	245 Du			
	3 SEX		4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR				
		F	w	MON	DAY YEAR OS	76 Y	MONTHS DAYS	HOURS MIN.			
10		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WE	HAT COUNTRY? 8		9 BALTIMORE CITY OR COU					
7	(	COUNTRY)	USF	MARR WIDOV	VED NEVER MARRIED DIVORCED	Baltimar	L cuty	MD.			
	10. CI	ITY OR TOWN OF DEATH		SPITAL, NURSING HOME		120 USUAL OCCUPATION		OF BUSINESS OR			
7		Bactirone	(IF NOT IN SUCH E	ACILITY, GIVE STREET ADDRESS)		TYPE OF WORK FOR MOST OF WORKIN		281.0			
		AL RESIDENCE (IF NURSING HOME STAJE / 136 CO		VE RESIDENCE EFORE ADMISSION							
4	130. 3	STAJE CO	ONI T	BE CITY OR TOWN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP C		21202			
	14. FA	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME	9				
0	(	Otto FIRST	MIDDLE Hin	ık LAST	Alma	MIDDLE	Melenbur				
		WAS DECEASED EVER IN U.S.		SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS		0021			
	()	YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	215565464	John L. Brad	y,Jr.,250 E. 63					
		18 CAUSE OF DEATH (Enter	anly one cause per lin	e for (a), (b), and (c) )		37-2-1-20 02		XIMATE INTERVAL LONSET AND DEATH			
		PART I. DEATH WAS CAU	SED BY:	Sombanea	s intravolu	rac blead		laus			
		DUE TO, OR AS A CONSEQUENCE OF									
		Canditians, if any, which	( Ib)	S A CONSEQUENCE OF			100				
		gave rise to immediate cause (a), stating the		AS A CONSEQUENCE OF	4 14						
		underlying cause last.	DOE TO, OR A	S A CONSEQUENCE OF							
		PART 2 OTHER SIGNIFICAN	T CONDITIONS CON	TRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 1	10			
	CERTIFICATION	Acres Married		1992							
7	CAT	190 DATE OF OPERATION		ON FOR WHICH OPERATE			YES, WERE FIND				
	E	4/3/85	inte	Lordone	beed	YES NO NO	RTIFYING CAUSE:	NO [			
2	CER	210, ACCIDENT WAS UNDERLYING	110110 4 11	MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)				
7	CAL	OR CONTRIBUTING CAUSE OF I	DEATH	MONTH DAT TEAT							
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF	INJURY FACTORY OFFICE FARM, ETC.)	21f LOCATION	CITY OR TOWN	COUNTY	STATE			
	2	AT WORK NOT WHILE	(AT HOME, STREET	, PACIONY OFFICE, PARM, ETC.)	,						
		220 I certify that this ha	spital) attended the a	deceased fram	1985	, to 46	, 19 83	that (li) (we) last			
		saw the deceased dive	on 416	10	and that in (my) our) apinion	death accurred an the date and	haur and from the	couses stated			
		226 SIGNATURE	1		DEGREE		220 DATE	SIGNED			
		1290	LW1		ATTENDING PHYSICIAN [	MEDICAL STAFF  DIRECTOR   PHYSICIAN	4/4	185			
1		224 PHYSICIAN'S NAME (TYP	PE OR PRINT)		22e ADDRESS			1			
1		WALTER	- HEADLI V	R	Houre	140000tol					
	23 o B	BURIAL, CREMATION, REMOV.			CEMETERY OR CREMATORY	23d. LOCATION					
	(	Cremation	4-8-8	Westv	riew	Balto., Md.	COUNTY	STATE			
	24 FL	UNERAL DIRECTOR		400000		TE REC'D. BY REGISTRAR 256. REC	SISTRAR'S SIGNA	LURE			
	Le	eonard J. Ruck	, Inc.,530	5 Harford Rd	., Balto. AP	K 8 1985 June	Davidson-V	anamen			

DHMH - 16 60M 7/84 (VRA 15, 4)

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exected in the course after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete the fineral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and a should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.  IMPORTANT: If Item 21 is marked at Item 18 shows any injury, or other traumatic event, the medical commitment.
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DHMH - 16 50M 4/83

(VRA 15, 4)

		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	0.			
		CEASED NAME	FIRST	,	MIDDLE	i.	AST	2a. DA	TE OF DEATH	MONTH D	AY YEAR	26 HOL	JR
	(TYPE	OR PRINT)	JOAN	I	1.	BREN	NAN		4/2	7/85	5	104	SAM
	3. SEX	(		4 RACE		5. DATE C			( IN YEARS LAST BIR		ONTHS DAYS	IF UNDER	R 24 HRS
6		Female		White		4	5 15	7 -	70	YRS	ONINS! DATS	HOORS	MIN.
007		RTHPLACE (STATE OR FO	REIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BAL	TIMORE CITY O	R COUNTY	OF DEATH	- 7	
		Ireland		Brit	ain	WIDOWE			Baltim		- 4		MD.
11		TY OR TOWN OF DEAT	Н		HOSPITAL, NURSIN		R OTHER INSTITUTION		SUAL OCCUPATION WORK FOR MOST C		12b. KIND (		ESS OR
4		altimore			on Memo		Hospital	Sh	ampoo Gi	irl	Beau	ty Sh	nop
5		AL RESIDENCE (IF NURSIN STATE 1	G HOME OR 3b COUN		134. CITY OR TOW Balto.		IN INSIDE THY LIMIT		REET ADDRESS A		Rd. 2	1212	
	14. FA	THER'S NAME	1	MIDDLE	LAST	-	15. MOTHER'S MAIDEN	NNAME	MIDDLE			ST	
2	P	eter		Ma	tthew		Mary		Α.		Booth		
				MED FORCES? E WAR OR DATES)	16h SOCIAL SECU 217-40-5		Ms. Fine		nbrook i		$i$ / Ric $\phi$ / $\phi$ / $\phi$ /	hmon	d, Va
н		No			217-40-	3017	MS. FIII	Ola St	STHET	TOTALINI		VIAA A TE INSTE	DVAL
		18 CAUSE OF DEATH PART 1. DEATH WA			line for (a), (b), on	nd (ch.)			,		BETWEEN	XIMATE INTE	DEATH
				E CAUSE (a)	Heart	10	Quie and	Neso	water	amer	X.		
		RECT TO VEY		DUE TO O	R AS A CONSEQUI	ENCEDE		V					
		Conditions, if any,	which		Netapta		mallcolle	marin	me 7	Dr. mar			
		gave rise to imme	diate	(b) 1	TE KUDIKA	1100	HAITCORK	aican	1114	Dilling	)		
i))		cause (a), stating underlying cause	the last.	DUE TO, O	R AS A CONSEOU	ENCE OF							
		onderlying coose	1031.	(c)									
	_	PART 2 OTHER SIGNI	FICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINAL DI	SEASE OR CON	DITION GIVE	N IN PART 1	(0	
	O N	Ren	10	and 1	ritman	to:	lune.						
-2	AT	19a DATE OF OPERATE		196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a	AUTOPSY?		WERE FIND		
	F	4/20/8	<	000	atasta	+	0	YES YES	ON D	YES	ING CAUSE	S OF DEA	
-	CERTIFICATION	21g. ACCIDENT WAS UNDE			etasto	SUC	Carcinor Tale How INJURY OC	CLIPPED /	TER NATURE OF INJU		-	110	
7		OR CONTRIBUTING CA				AY YEAR	THE HOW WOOK! OC	CORNED (EN	TER NATURE OF INTO	KT IN HEM TO FA	OKT TOK PART 2)		
	CA	(IF EITHER NOTIFY MEDICA			M.	19							
	MEDICAL	21d. INJURY OCCURRE	D	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	FARM FIC )	211 LOCATION STREET		CITY OR TO	OWN	COUNTY		STATE
	5	MHILE NOT WHILE	E	(ATTIONE ST	ELI, FACIONI, OFFICE, I	A ARM, ETC.)							
		22a.   certify that (1) (1	this hospit	tal) attended th	e deceased from_	4/2	0 198	35 10	4/21	1	280	, that (I) (	(we) lost
		saw the deceased	d alive on	4/2	19	85,00	nd that in (my) (aur) api	inion death o	ccurred on the d	ate and hour	and from the	couses st	tated
		obove, (I) (we) (die 22b. SIGNATURE	a) (ala no	T) view the body	offer deoff		DEGREE				22c. DAT	ESIGNED	
			-	~ 1	1	-	ATTENDIN				1212	2 100	-
		22d. PHYSICIAN'S NA	en	1 red	New	12	PHYSICIA 22e ADDRESS	AN DIREC	CTOR PHYSIC	IAN (L	1710	1703	,
		ZZE PHISICIAN SINA	ALE (TARE O	K PRINT)			THE ADDRESS						
		GIE	1 05	nedde	rs m.	D.	Union	Mem	· Hosp	1. B	alhmi	. >20	
		BURIAL, CREMATION, R	EMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATO	ORY 23d.	LOCATION		40000		
	(	SPECIFY) Remova	al	4/27	/85				CHTOKIOWN		COUNTY		STATE
	24. FL	JNERAL DIRECTOR					250	o. DATE REC'D	. BY REGISTRAR	25 REGISTE	AR'S SIGNA	TURE	
		NAME Anaton	my Bo	pard	ADDRESS	Balto	o., Md.	MAY	6 1985		widow-		2
			-					412.32	- NOU /	7			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



991507	Ti.	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG. NO	0 5 0	0
( // )		CEASED NAME FIRST		WIDDLE	Į.	AST	2a. DATE OF DEATH	MONTH DAY Y	ZEAR Zb. HOUR a
2 ( 35 )		LOU	IS J	. BR	IEL.	JR.	April 2, 1	985	6:00 M
OE T	3. SE		4. RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER	LYEAR IF UNDER 24 HRS
ge 4 ector rrs af		Male	Whi	ite	July	27, 1909	75	YRS	
hour der		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEA	тн
in 72		PA	U	SA	WIDOWE	4.4	Baltimor	e City	MD.
the further divition	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPATIO		IND OF BUSINESS OR
by # filed		Baltimore	6017	Sycamo	re Ro	ad	Technicia	en /	Martin
filled in ould be fraust be	130	AL RESIDENCE (IF NURSING HOME O STATE 136 COU		13c. CITY OR TOW	'N		13e STREET ADDRESS /	71P CODE	rietta Corp
y fill	2	MD ,		Balto	•	YES X NO		amore R	d., 21212
mpletel		ATHER'S NAME FIRST LOUIS	J.	Briel, S	or.	15. MOTHER'S MAIDEN NAME EMMA			Miller
+ 0		WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU		17 INFORMANT	ADDRES	S	
be execu		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	216 10	5883	Phyllis M.	Briel,	PA	
that the death certificate d by the attending physici lease remove carbon paper ial, cremation, or removal. or other traumatic event, th		18 CAUSE OF DEATH lEnter of PART I. DEATH WAS CAUSI IMMEDIA  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, O	METOSTO METOSTO R AS A CONSEQUE	ENCE OF	carcinoma	ofbladder	0.61	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
requires the signed to Then ple or to burion y injury, or	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	nal disease or cond	ITION GIVEN IN PA	ART I/o
los bermine prime	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, WERE I IN CERTIFYING CA YES	FINDINGS USED AUSES OF DEATH? NO []
SICIAN: The ng physicial certificate herial-transit pental Hygie tem 18 sha		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	DE INJURY M. MONTH DA M.	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR P.	ART 2)
G PHYS ottendin rer this c s the bur n and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME ST	OF INJURY REET FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR TOW	VN COUP	NTY STATE
ATTENDIN spital or CTOR: Af- Ifor use a of Health		220.1 certify that (1) his hasp sow the eleceosed of a	ital) attended th	19	<b>%5</b> , on	d that in my (our) apinion o	,		
PITAL OR A by the hos ERAL DIREC e detached State Dept.		Ja M. Ly	sufeld	1 MD		ATTENDING PHYSICIAN	MEDICAL STAFI DIRECTOR PHYSICI		H2185
A P P P P P P P P P P P P P P P P P P P		22d PHYSICIAN'S NAME (TYPE				22e ADDRESS			
I.S. L.S. O		Dr. Karen A	A. Lich	tenfeld.	MD	1 2360 W J	oppa Road	Balto.	MD

23¢ NAME OF CEMETERY OR CREMATORY

Wildwood Cemetery

Williamsport,

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE APR 4 1985

PATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

230 BURIAL, CREMATION, REMOVAL Burial

24 FUNERAL DIRECTOR

4/6/85

4905 York Road Balto., MD

Henry W. Jenkins & Sons Co.

ouis d. setal, sp. Enwa TOTAL SELECTION OF THE ACO SHE IN THE SECOND STREET

(VRA 15, 4)

Service of the servic differ a state age ests to a series to a series All a senied as a sound R. aronavall as bailes of the eneid "oppo" oppo"

"chimira to", wo. Cliv

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

4	1 -	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		3	
`		CEASED NAME FIRST	MIDDLE	L.	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HO	OUR
	(IANE	ORPRINT) Lilli	ie V. Br	cooks		April 11	, 1985		м
	3. SEX	(	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRT			DER 24 HRS
		emale	Black	4 4	23 DAY 20 YEAR	64	YRS.	DAYS HOUR	RS MIN.
12	7a BII	RTHPLACE   STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIEI	NEVER MARRIED	9. BALTIMORE CITY OF	_	ATH	
255		VA	USA	WIDOWE	DIVORCED [	Baltimor	e City		MD.
Del	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET 1137 N. Care	ADDRESS)	PROTHER INSTITUTION	12a USUAL OCCUPATION		CIND OF BUSI	INESS OR
DC		altimore							
d to	130. S M	TATE 13b. COUN	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134. CITY OR TOW Baltimo	/N	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e.STREET ADDRESS /	ZIP CODE Carey St	. 212	217
and a	14. FA	THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME		LAST	
00		John	Veney		Mary	Middle	Bor	ell	
		VAS DECEASED EVER IN U.S. AR		JRITY NO.	17 INFORMANT	ADDRE	SS		
med	()	res, no or unknown) (IF yes, GIV	218-44-	2609	Christine	Brooks 113		rey S	
, the		18 CAUSE OF DEATH (Enter on	nly one cause per line for (a), (b), and	d rest	1	1-	BE	APPROXIMATE IN TWEEN ONSET A	ATERVAL AND DEATH
e > e			TE CAUSE (a) Lardio.	- pu	Imonary	arrest			
injury, ar ather traumatic event, the medica	I	Canditions, if ony, which	DUE TO, ORAS A CONSEQUE		ENdonetria	1 Carcino	ma.		
ather tr		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ence of					
nlory, a	N O	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	OITION GIVEN IN P	ART Ita	
ows only	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C YES []	AUSES OF DE	
em os su		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART TORP	'ART 2}	
MPORTANI: If Nem 21 is marked or Nem 18 shaws any	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn cou	INTY	STATE
E		220.1 certify that (1) (this haspi	ital) attended the deceased fram_			, ta		, that (I	l) (we) last
21.		saw the deceased alive an	at) view the bady after death.	, aı	nd that in (my) (our) opinian	death occurred on the do	ite and hour and Ire	am the causes	s stated
. It Rem		224 SIGNATURE	F IAN D	DATE SIGNE	185				
Z-	- 5	224 PHYSICIAN'S NAME (TYPE C			PHYSICIAN [ 22e ADDRESS	_ DIRECTOR PHYSIC	70.02		
PORT		C.L. Mull			22.5 Gree	ne St. Bo	Stimore	Md.	
2 7	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNT	Y	STATE
_		Burial	4/16/85 Ch	urch	Cem	Richmond	C-		77
83	24. FI	UNERAL DIRECTOR	AODREC		25n. DA	E REC'D BY REGISTRAR	256. REGISTRAR'S S	IGNATURE	A
	W	m. C. March	F/H 1101 E. N	North	Ave. AP	1 10 1989 3	mental eventage	v-Nove	AL.

STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

T.	LIM GOUZ		-11.500			MARYLAND		0 0 0	-3	
-	FOR 4/1 STATE REGISTRAR		11000			HAND MENDAL H CERTIFICATE C	-	REG. NO.	de la	
	DECEASED NAM	-0 220 0 / 0	, 0000	MIDDLE /		LAST			H DAY YEAR	2b HOUR
- (	TYPE OR PRINT)	Dalah				ma alsa	20. DATE KN OF DEATH A	ESTI. XX		
3.5	EX	Ralph A RACE	DATE OF BIRTH	6. AGE (IN		TOOKS		MONTH	5 19 8E	2d HOUR
			MONTH DAY	YEAR LASSETET	HDAY) MON	HS DAYS HOURS	MIN. PRONOUNC	ED		
	male BIRTHPLACE (S	black	6 1	21 22	YRS.		DEAD	RE CITY OR COU	5 1985	2:30
5	FOREIGN COUNTRY)		U. CHIZZINOI W	TIAT COUNTRY?		IED X NEVER MARR	IED 🖳	KE CII I OK COO	NIT OF DEATH	PM
	Maryla:		U.S.	Α. ΄	WIDOV		Dal	timore (	City	MD.
11	CITORIOWN	OFDEATH	(IF NOT IN SUCH F	SPITAL, NURSING HOACILITY, GIVE STREET ADDRESS	ME, OR OTH 5)	HER INSTITUTION	12a. USUAL OCCUPA FOR MOST OF WORKIN	TION (TYPE OF WOR) G LIFE)	OR INDUST	
4	altimor	e /	1633 N.	Caroline	Stre	et				
130	STATE	136 COUNTY	OTHER INSTITUTION, G	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		2121:	3
1	Maryla			Baltimo	ore	YES X NO	1633 N		ne Str	aat
14.	FATHER'S NAM	Ē	MIDDLE	LAST		15. MOTHER'S MAIDE			LAST	
1	Willia			Brooks		Mable	MIDE	LE	Pratt	
160	WAS DECEASE	D EVER IN U.S. ARME	D FORCES?	16b. SOCIAL SECUR	ITY NO.	17 INFORMANT		ADDRESS	rract	
	YES	OWN) (IF YES, GIVE WA	AR OR DATES)	217-52-9	898	Janey P	. Brooks	1633 N.	Carol:	neSt
F		OF DEATH (Enter only	one couse per line		70	, cuite, 1	DIOORB	1000 N.	APPROXIMAT	E INTERVAL
	PARTID	EATH WAS CAUSED E	av .		ic fo	cal myocard	Ni+ic		BETWEEN ONS	T AND DEATH
	1	IMMEDIATE		AS A CONSEQUENC		car myocar	YICTO			
APPICAL CERTIFICATION		ns, if ony, which			7 8 5					
		se to immediate ) stating the <u>under-</u>	(b)	AS A CONSEQUENC	E OF					
	lying co		1 DOZ 10, OK	AS A CONSEQUENC	COF					
	PART 2 OTHER C	CHIEFCANT CONDITIONS CO.	MINIBILING TO OFATH	BUT NOT OF ATTO TO THE						
2		OMITICANI COMBITTUNS CO	RIKIBUTING TU ULATH	BUT WAT KETWIED IN THE LE	KMINAL DISEAS	E OR CONDITION GIVEN IN PAI	RT 1 (a).			
MEDICAL CERTIFICATION	190. DATE OF	OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPSY	2
1										_
103	21a. EXTERNA	AL CAUSE WAS	21b. TIME O	FINJURY	21c H	OW INJURY OCCURRE	D JENTER NATURE OF INJURY	IN ITEM IR PART 1 OR I	YES XX	NO []
1 2	UNDERLYING	OR OR		MONTH DAY YE	AR	- CCOME				
Old	21d, INJURY		21e PLACE		71f. I O	CATION				
ME		NOT WHILE		TORY, FARM, ETC.)		STREET	CITY OR TOWN	C	OUNTY	STATE
1	AT WORK	AT WORK								
	22a I certi	fy that I taak charge	of the remains des	scribed above, held on	Autop	sy Inspection	n . Inquiry [	], ond in my o	pinion	
	death result	ed from Notural	couses .	Accident .	vicide	. Homicide	Undetermined mann			
		Ma.	· / A	1 00		TITLE (SPECIFY)				
	ACTUAL SIGNATURE	morre-	Ne 11	remil	, N	D Assistan	MEDICAL EXAMIN	DATE SICA	ED4/6/85	
1	1		74		<i>"</i>	-755151d[	- MEDICAL EXAMIN	LR SIGN	EDALOLOS.	
1	EXAMINER'S (TYPE OR PRI		anrita /	Karall	MD	ADDRESS 111 P	enn Street	Baltimo	ore MD 2	1201
230	BURIAL, CREMA	TION, REMOVAL 23b.	DATE	23c. NAME OF C			1234 LOCATION			
I	UKTAL		/10/85			Cemetery	Baltimo	re,	UNTY	íd.
	FUNERAL DIREC					125a. DATE R		25b. REGISTRAR'S		
V	Vm C Ma	rch F/H	Inc. ADDRESS	101 E Nor	th A	ve. AP				
						AI	N 8 1485	Carlia Day	4dam Band	.00

Tipular 4



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL-HYGIENE CERTIFICATE OF DEATH

LAST

REG. NO 20. DATE OF DEATH APRIL 5,1985 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HOURS 94

BROPHY AGNES 4 RACE Female White

USA

5. DATE OF BIRTH Jan. 19.1891 76 CITIZEN OF WHAT COUNTRY?

WIDOWED

MARRIED NEVER MARRIED DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Baltimore City [TYPE OF WORK FOR MOST OF WORKING LIFE Dir. Recreation

13e.STREET ADDRESS / ZIP CODE

12b. KIND OF BUSINESS OR V.A. Hosp.

2707/

10. CITY OR TOWN OF DEATH Baltimore

Maryland

14 FATHER'S NAME

CERTIFICATION

Illinois

TE MIRTHPLACE IN ATE OR FOREIGN

+ STATE

CTYPE OR PRINT

1:5EX

REGISTRAR

DECEASED NAME

Long Green Nursing Center

Long Green Nursing Center USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION!

> YES KK NO 15 MOTHER'S MAIDEN NAME FIRST Hannah

13d INSIDE CITY LIMITS?

17. INFORMANT

Monk

9. BALTIMORE CITY OR COUNTY OF DEATH

LAST P.O. Box 426

3700 N. Charles St. 21210

Dennis Brophy 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)

190 DATE OF OPERATION

21d INJURY OCCURRED

226 SIGNATURE

136 COUNTY

166 SOCIAL SECURITY NO 577-58-5829

Baltimore

Mrs. Eleanor Benser Hampstead. Md.

PART I. DEATH WAS CAUSED	ane cause per line for (a), (b), ond (s).) BY: CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)	10 yr.

underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT				
	YES NO	YES NO				
21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PART   OR PART 2)				

710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

MEDICAL

12s.1 certify that (I) (this haspital) urtended/the deceased from saw the deceased alive on

nd that in (my) (per) opinion death occurred on the date and hour and from the causes stated

COUNTY

220 PHYSICIAN'S NAME ITYPE OR PRINT

ATTENDING A PHYSICIAN! DIRECTOR | PHYSICIAN [ 27e ADDRESS

23r. DATE/SIGNE

STATE

Norman R. Freeman, Jr., M.D.

DEGREE

4300 N. Charles St. Baltimore, Md. 21210 23d LOCATION

CITY OR TOWN

BURIAL, CREMATION, REMOVAL	23b. DATE	12
Cremation	Aptil	8.1985

23c. NAME OF CEMETERY OR CREMATORY Greenmount

Baltimore 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNA

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT

ld b

shoul with

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home, Inc. B. 1to., Md. 21212

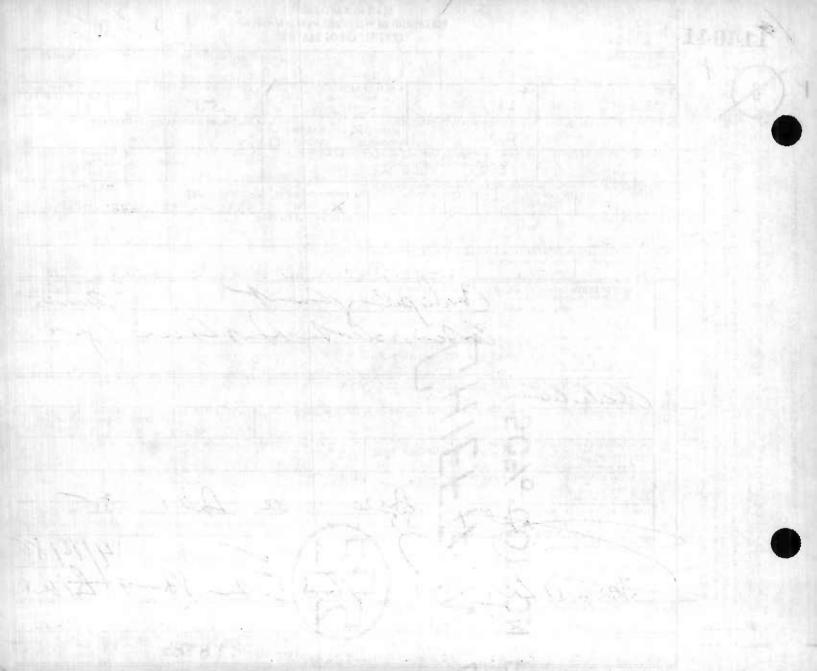
6500 York Rd.

The state of the s e ale unite caucil, bull market i. il. lti = e alti de la la companya de la company 277 30 2.5 % olegio - asse - clear - 21079

The state of the state

itonilmiesekolu ozo, 13. plto., u 2173 hl

14	,	FOR STATE		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HY	SIENES	10:	5 0	7
114041	l'	REGISTRAR			CERTIF	ICATE OF DEATH	RE	G. NO.	<u> </u>	
- 6		CEASED NAME FIRS		MIDDLE	L	AST	20. DATE OF DEA	TH MONTH	DAY YEAR	2b. HOUR
1 11	(IIIP)	DANT	ET WEBST	WEBSTER BROWN			APRTI	16 1985		M
(8)	3. SE		4 RACE		5. DATE O	FBIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR		IF UNDER I YEAR	IF UNDER 24 HRS
X	M	ALE	BLACE	ζ	MONTH	-19-29	5.	YRS.	MONTHS	HOURS MIN,
a P P		RTHPLACE (STATE OR FOREIG	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED		ITY OR COUNTY	OF DEATH	4-1-1
leath.		ARYLAND	USA		WIDOWE	_	BATTT	MORE_C	TTY	MD.
er e		TY OR TOWN OF DEATH				R OTHER INSTITUTION	12a USUAL OCC		126. KIND C	OF BUSINESS OR
	BAI	LTIMORE	55	FYACHITY BELL	EAVI	ENUE	BUS DR		II II DOSTKI	
212 Jin d in d	USU.	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDI		210	207
NND 24 h		RYLAND -	and the same of th	BALTIM		YES NO	5517	BELLE A		
erely 2 sh		THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA		DOLE	LA!	
MAR ed w		DANIEL	WIDDLE	BROWN		BOBBIE	Mil		SEMAN	ii .
ond co	16a \	VAS DECEASED EVER IN U.	S. ARMED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of a certificate by a physician.  When the certificate been signed by the attending physician and completely filled in by the training physician and completely filled in by the training mental Hygiene prior to burial, cremation, or removal.		777.0	REAN	217-20	-257	RUTH BROW	N 5	517 BEL	LE AV	ENUE
ALT sicio persol.		18 CAUSE OF DEATH (En	ter only one cause pe	r line or las y and	dici.	0	1		APPROX BETWEEN	ONSET AND DEATH
T., B	1	PART I. DEATH WAS C	AUSED BY:	wdish	Jeli	Monny			30	ness
on server		, , , , , , , , , , , , , , , , , , , ,	DUE TO, C	BAS A CONSTOLLE	NCE OF	1 1	7 /	7	11	
death death attend ove ce attend reumat	1	Conditions, if any, which		ersen	200	enter to	kus 4	Lun	UK	en.
the of the cemple of the cempl		gave rise to immedia cause (a), stating the		OR AS A CONSEQUE	NCE OF				1//	
that that base ol, cr		underlying cause lo	st. (c)_				V ( G ) 1			
ires ires in ple burit		PART 2 OTHER SIGNIFIC	NT CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR	CONDITION GIV	EN IN PART 1	a ·
ORDS, require require to the representation of the region	ğ	Welledian								
S bee	ICA	190 DATE OF OPERATION	196. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY	20b. IF YES	YING CAUSES	NGS USED S OF DEATH?
TALR Incion.	CERTIFICATION						YES NO		5 🗆	ио □
SICIAN: ng physic rearlificat riol-tran ental Hy		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	LIGHT A		YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18. P	ART 1 OR PART 2)	
N OF SICIA	MEDICAL	LIFEITHER NOTIFY MEDICALEX		.м.	19	THE COST CONT				
SIO	A	NAME AND ACCORNED	LATHOWE ST	OF INJURY	MA COCI	211 LOCATION	CIT	Y OR TOWN	COUNTY	STATE
DIVI PNG PNG Ost No		AT WORK THE AT WORK TO	1	-	bul;	82		01	19 50	
O O O O O O		22s I certify that (1) (this		he deprosed from	25	d that in (my) (our) apinion	death assured as	the date and how		that (I) (we) last
A STORY	1	above (4) [well said] [c		v alter death	_	DEGREE	deam accorded on	The dore and had	Tage DATE	CUOSES SIGNED
T Bear and T		ZIR SIGNATORE	(1)		1	ATTENDING	MEDICAL _	STAFF	2//	161 83
EBAL Shorts	1	224 PHYSICIAN'S NAME		/		PHYSICIAN 224 ADDRESS	DIRECTOR P	HYSICIAN	1//	7
HOSPITAL Inted by II FUNERAL Aid be det The Stote		THE PHILICIAN'S NAME	5/21	int		" ADDIESS	1	VA	111	-11.0
01 024		JAMES I	1.LOU	100		160/	wf	140	1 -	How.
		BURIAL, CREMATION, REMO		and the same of th		EMETERY OR CREMATORY	23d. LOCATIO	)WN	COUNTY	STATE
BP	24.5	BURIAL	04-19	9-85 G	ARRI	SON FOREST	VA. BA	LTIMORE	, MAR	YLAND
DHMH - 16 50M 4/82		UNERAL DIRECTOR		ADDRESS			APR 18	1085	MAK S SIGNA	Je Handall
(VRA 15, 4)	BRO	OWN/THOMPSO	N F. H.	1913 W	. BA1	LTIMORE ST.	120 11 1 O	0		



PEGET IN epation stayed somethics of the sale to the sale of the TO SEE AND LONG TO SEE A SECOND TO S ESE DE LE CONTROL DE LA COMPANION DE LA COMPAN THE HOLD WITH A COURT HAVE AND A Baltimore, mryling Tottor Storm Call Grynns Salk Arrenay

omen Hors, and sultimorn, arrions illian

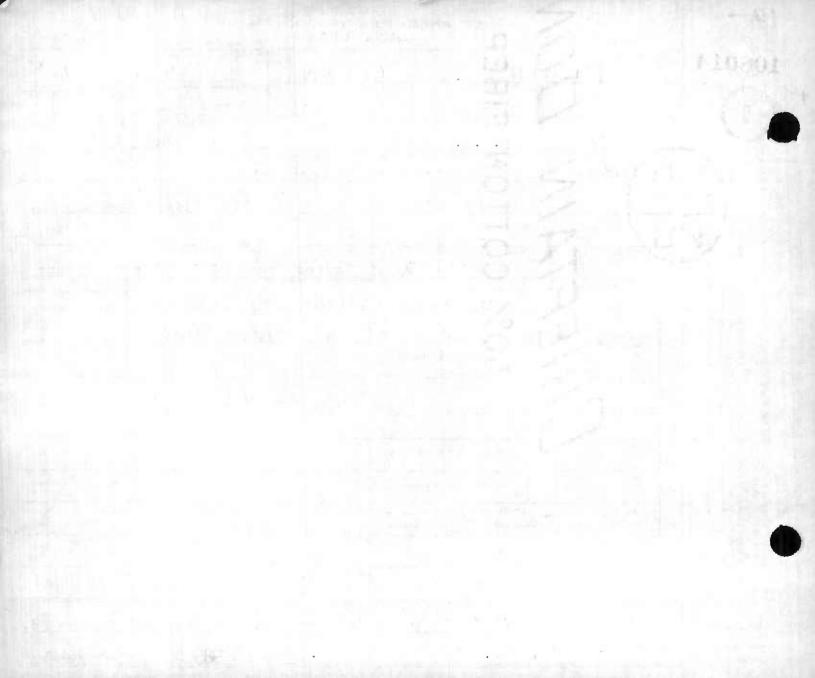
12	1 -	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH								
108014		CEASED NAME FIRST TOSE	PH V.	BROWN	20 DATE OF DEATH MONTH	11-85 26 HOUR 45				
	3 SE	Male	4 RACE Black	5. DATE OF BIRTH MONTH DAY YEAR 1 5 15	6 AGE (IN YEARS LAST BIRTHDAY) 70 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN				
3 4 9 3	7	RTHPLACE (STATE OR FOREIGN OUNTRY)  /irginia  TY OR TOWN OF DEATH		MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	9. BALTIMORE CITY OR COUNT BALTIMORE 120 USUAL OCCUPATION	CITY MD.				
in by the filed	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	General Hospit  E ADMISSION)  (N)  13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COE	DE				
ed within 24 8	_	THER'S NAME FIRST	Baltin	IS. MOTHER'S MAIDEN NA	3339 Windsor	Avenue 2121				
on ond con s. Poges ye	16a V	VAS DECEASED EVER IN U.S. ARV ES, NO OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? 166 SOCIAL SECULATION SOCIAL SECULAT		ADDRESS	rook Avenue				
not the death certificate by the attending physici se remove corbangaper , cremation, or removal.		18 CAUSE OF DEATH LEnter only one couse per line for (o), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  CARDIO RESPIRATORY ARREST  DUE TO, OR AS A CONSEQUENCE OF COUSE (b), storing the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF COUSE (c), storing the underlying cause lost.								
no.  hos been signed by the permit. Then please rem one prior to burial, cremows any injury, or other the prior to burial, cremows any injury, or other the prior to burial.	CERTIFICATION	PART 2: OTHER SIGNIFICANT C	GASTRO	DEATH BUT NOT RELATED TO THE TERM  TO THE TIME L  OPERATION WAS PERFORMED	BLEED IN  200 AUTOPSY? 206 IF YE IN CERT	VEN IN PART 110  V  S  S  S  S  S  S  S  S  S  S  S  S				
PHYSICIAN: The ending physicion. this certificate had build-tronsit produced build-tronsit produced when all show don them 18 show	MEDICAL CERT	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (HE EITHER NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M.  21e. PLACE OF INJURY	AY YEAR  19  211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18					
ENDING of or off OR: After ruse os th Health or is marke	W	sow the deceased alive on obove, (I) (we) (did) (did not	(AT HOME, STREET FACTORY OFFICE	f, 19 /5, ond that in (my) (out opinion	to 4/11 death occurred on the date and ha	, 19 , that (I) (we) lost our and from the causes stated				
by the hospit by the hospit VERAL DIRECTO Se detoched fo Stote Dept. of ANT: If them 21		226 SIGNATURE COLLEGE		22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	4.11.85				
TO HOSPITAL (retoined by the TO FUNERAL Is should be detoined by the Store ElimphoRTANT: If	23a E	S'ELLA?	TUNGAM MI		barler Lene					
BP	1	BURIAL	4/16/85 N	lount Calvary Ce	m Anne Arund	el Co. Md.				

DHMH - 16 60M 7/84 (VRA 15, 4)

Wm  $\mathbb{C}^{\text{ME}}$  March F/H, Inc.  $110^{1}$  Press North Ave.

4/16/85

Mount Calvary Cem Anne Arundel Co, Md.



		OF M			800
DEPARTMENT	OF H	EALTH	AND	MENTAL	HYGTEN
CEI	SITO	CATE	OF.	DEATH	

CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 28 Jr. 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DAYS YEAR

25

DIVORCED

4 RACE MONTH

Male Black

Ja BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? COUNTRY

LEONARD

Marvland U.S.A.

FOR - STATE REGISTRAR

DECEASED NAME TYPE OR PRINT

Baltimore

Maryland

Leonard

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART 2. OTHER SIGNIFICANT

21a. ACCIDENT WAS UNDERLYING

4. FATHER'S NAME

NO

CERTIFICATION

MEDICAL

3a. STATE

10 CITY OR TOWN OF DEATH

MIDDII

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Lutheran Hospital

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

WIDOWEDXX

MARRIED NEVER MARRIED

Baltimore City 12ª USUAL OCCUPATION 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY

Jones

YRS

9 BALTIMORE CITY OR COUNTY OF DEATH

JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY

Baltimore

LAST

Brown, Sr.

13d INSIDE CITY LIMITS? YES [X] 15 MOTHER'S MAIDEN NAME

2111 Preston Street 21213 MIDDLE

13e STREET ADDRESS / ZIP CODE

59

Grace ADDRESS

16h SOCIAL SECURITY NO 17 INFORMANT James Santos 1713 N. Patterson ParkAv

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for 1912 (b), and 1011 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO Canditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause

125ele 190 DATE OF OPERATION

CONDITIONS CONTRIBUTING TO DEATH BUT MOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOD YFS NO I (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 71e PLACE OF INJURY NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from

obove, (1) (we) (did) (did nat) view the bady after death

19 (AT HOME, STREET, FACTORY, OFFICE FARM ETC.)

21L LOCATION

a, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

STATE

STATE

Md.

22b. SIGNATURE

22e ADDRESS

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

sow the deceased alive an,

DEGREE

23t, NAME OF CEMETERY OR CREMATORY

Mount Zion Cem.

HOSPITAL

Lansdowne,

CITY OR TOWN

BURIAL 24 FUNERAL DIRECTOR

23g. BURIAL, CREMATION, REMOVAL

Wm C\*March F/H Inc. 1101 E North Avenue

250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

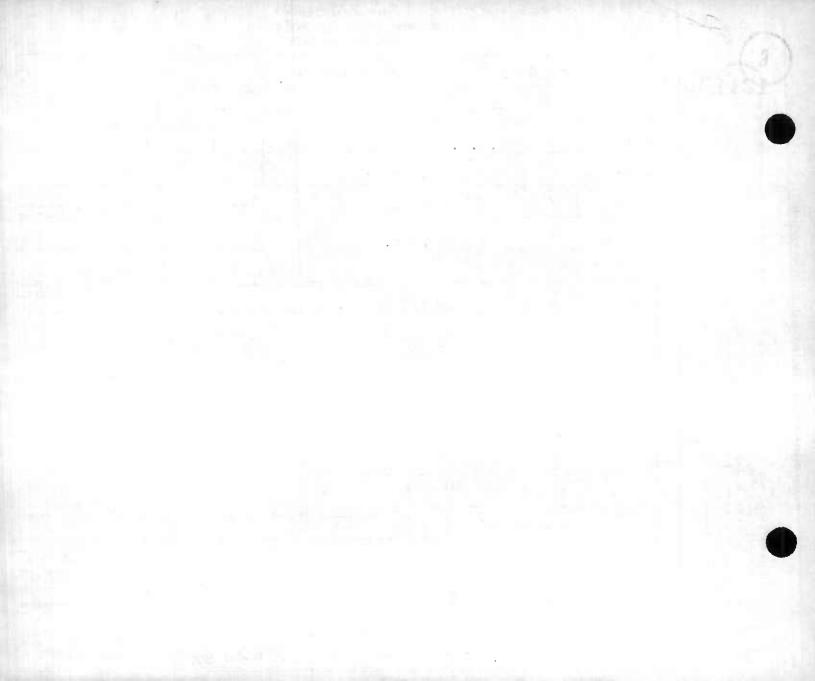
WIND WHILL ABOVE PROPERTY

COUNTY

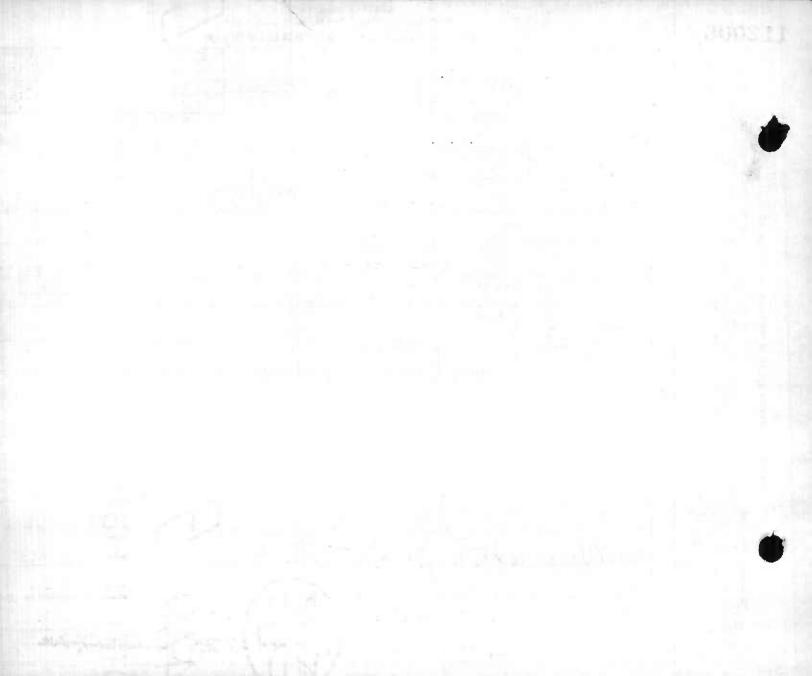
COUNTY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



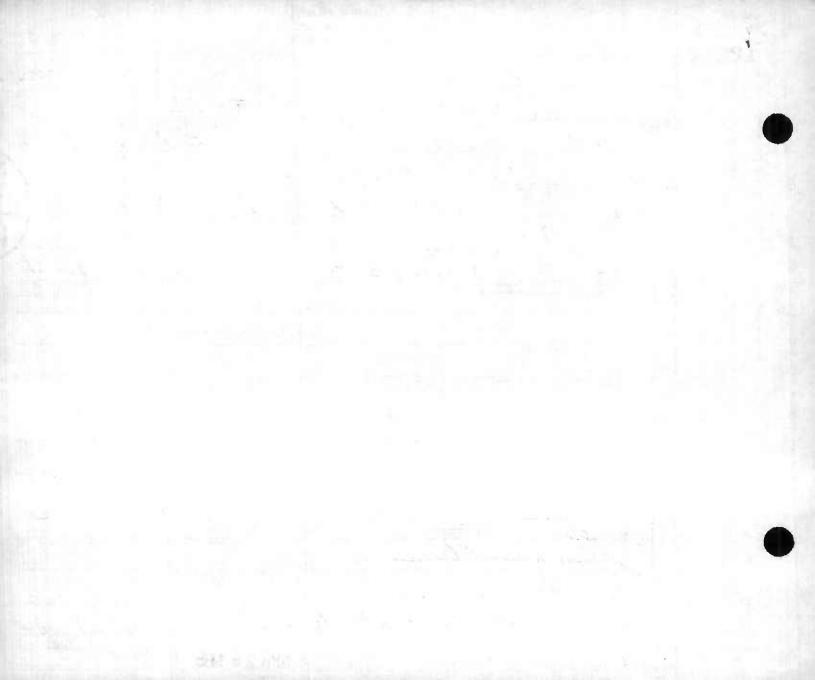
/				ED . DT.	STATE	OF M	ARYLAND	TAPAIVOIE	wel o s	100		
112006	FOR DEPARTMENT OF HEALTH AND MENTACHYGIENE US STATE PEGISTRAD MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEGISTRAD											
TINOUD		REGISTRAR CEASED NAME FIRST	74122	MIDDLE	LAMINALI	( ) (	LAST	TE OF DE	20 DATE KNOWNY		DAY YEAR	26. HOUR
ш		E OR PRINT)		A		Dro	r-mo		OF ESTI-			10.11001
EAS TOR JUES SUR	3. SEX	Leslie						UNDER 24 HRS		MONTH 4-1	4-14 19 85 A	
REC JR F 2 HG			MONTH DAY	YEAR 58	LAST BIRTHDAY)	MONTH		DURS MIN.	PRONOUNCED DEAD	4 1	1 05	2:40 2:40 a. A
A SAR YOU STOOL ST		ale   black	5 24						A BALTIMORE CITY		4 1985 OF DEATH	Ja. A
S NECESSARY, PLEASE FUNERAL DIRECTOR. E. S FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET.	FC	REIGN COUNTRY) I aryland	U.S	٨		MARRIE	ED NEVER	MARRIED 2	Baltimor	_		
E FUI		TY OR TOWN OF DEATH	11. NAME OF HOS			4		N 120. U	SUAL OCCUPATION (T		26 KIND OF BU	
PHSH SOO	В	altimore	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  2403 N. Aisquith Street				OR MOST OF WORKING LIFE)  OR INDUSTRY					
- AL S C C C	USU	JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)										
2 3 2 1 3 S		faryland 136 COUN	TY		timore		13d. INSIDE CITY L' YES 🔯 🕒		REET ADDRESS	man R	ad 21	225
M (1996) -	-	ATHER'S NAME		I Dai	CIMOLE					nan no		223
		Samuel	Karnatu-Bey				15. MOTHER'S MAIDEN NAME FIRST  Julia			Dat	Davis	
20.02 —	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES?		IAL SECURITY N	IO.	17 INFORMAN		ADDRES		. 10	
PRESTON ST., BALTIMORE. ITHIN 24 HOURS AFTER BEACH IN 1EM 18. GIVE PAGES AFTER ALONG WITH FOR PAGES 1. NATH FOR PAGES 1.	,	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	137	-60-71	82	Samue	1 Karr	natu-Bey	4711 A	Alhamb	raAv
URS AF WITH WITH DIVISI		18 CAUSE OF DEATH (Enter an		far (a), (b)	, and (c).)						APPROXIMAT BETWEEN ONSE	E INTERVAL
STON ST., v 24 HOUI v 174 HOUI v 175 HOUI v 175 HOUI v 176 HOUI v		PART I DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	Gunsh	ot Wound	d of	Chest	(u	nspecified)			
N 24 N 13 N 13 N 14 N 14 N 14 N 14 N 14 N 14 N 14 N 14			DUE TO, OR	AS A CON	ISEQUENCE OF							
MITHI NER AL FEA		Canditians, if any, which gave rise to immediate	(b)		3							
201 W. PRE UTED WITHI EXAMINER EXAMINER IAL - TRANG OMENTAL ON, OR REA		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR	AS A CON	SEQUENCE OF							
SCUTE EXPLOSE SOLUTION OF THE PROPERTY OF THE			(c)								<u> </u>	
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HON STRITING THE WORD "PENDING" IN PENCIL IN 1TEM 11 REDED TO THE CHIEF MEDICAL EXAMINER ALONG RE 34 HOULD BE USED AS A BURIAL. TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, OI PRIOF TO BURIAL, CREMATION, OR REMOVAL.	N	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (0)										
PEAN WENT	CERTIFICATION	190. DATE OF OPERATION	198 CONDIT	ION FOR 1	WHICH OPERAT	ION W	AS PERFORME	D?			20 AUTOPSY	?
SHOUL ORD "F CRIEF E USED T OF HI	FE										YES XX	NO 🗆
OF V  ATE S  THE COLOR  TO BE  MENT  TO BE	SE SE	210 EXTERNAL CAUSE WAS	216 TIME OF	INJURY	DAY YEAR	21c. HC	OW INJURY OC	CURRED LENTE	R NATURE OF INJURY IN ITEM I	B PART I OR PART	2)	1
ON STATE	CAL	UNDERLYING XXOR CONTRIBUTING CAUSE OF	DEATH 2:30	4-	14 19 85	Su	bject w	vas sho	t			
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DIN THIS C FE, WRIT RWARDI PAGE : STATE STATE O, 21201	2	WHILE AT WORK X	X	3ar	(0.)			isquith	St., Balti	imore,	Maryla	
ATE, TI ORW R: P, ID, 2		220. I certify that I taak charg	e af the remains desi	ribed aba	ve, held an	Autaps	y XX in	spectian .	Inquiry	and in my apir	nian	
CO STANTANTANTANTANTANTANTANTANTANTANTANTANT		death resulted from Natur	ol couses	Ago dent	. Suicio		. Hamicide		etermined manner	],		
WIT WIT WARY		100.	MA	7 0	1005	-	TITLE (SPEC					
A HAND	1	SIGNATURE WILL	ued X	Meg.	nou	LM.	D Assist	tant_ME	EDICAL EXAMINER	DATE	4-14	<del>-</del> 85
AEDIC CUTE I CUTE I CUNER R DEA		EXAMINER'S NAME Den	nis F. Sm	vth.	M.D.			lll Pen	n St., Balt	to., M	1. 212	01
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		URIAL, CREMATION, REMOVAL	3b DATE	23c. N	NAME OF CEME	TERY OF	R CREMATORY	23d.	LOCATION			TATE
BP		BU'RIAL	4/19/85	Ва	ltimor	e C	emete	ry I	altimore	,	Md	
DHMH - 17 (VR A15 ME (5))		uneral director n C MArch F/H	Tnc ADDRESS	01 F	North	A	7e.	APR"1	7 1985 Julia	Davidon	GNATURE	-
(VR A15 ME (5)) 20M 4/82	// 1	. J IIII I I / II	Inc, II	<u> </u>	. 1,01 01				U			



STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



FOR

113103

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL

CERTIFICATE OF DEATH

REG. NO.	
20. DATE OF DEATH MON	10 110011
-	1-16-85 10:35!
6. AGE (IN YEARS LAST BIRTHDA	MONTHS BATS HOURS MIN.
86	YRS
9. BALTIMORE CITY OR C	
TRAH'M	INTE, No MI
120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
TYPE OF WORK FOR MOST OF WO	DRKING LIFE) INDUSTRY
13e STREET ADDRESS / ZII	r Garden La 2120
AAME	or Garden La glav
MIDDLE	LAST
ADDRESS	
ADDRESS rown Jr. 4II6	
	Glenhunt Rd  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rown Jr. 4116	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rown Jr. 4116	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
rown Jr. 4116  RMINAL DISEASE OR CONDITI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  ON GIVEN IN PART 11a  Ib. IF YES, WERE FINDINGS USED
rown Jr. 4116  RMINAL DISEASE OR CONDITI	ON GIVEN IN PART TIO
RMINAL DISEASE OR CONDITI	ON GIVEN IN PART TIG  ON GIVEN IN PART TIG  Ib. IF YES, WERE FINDINGS USED  CERTIFYING CAUSES OF DEATH?  YES NO
rown Jr. 4116  RMINAL DISEASE OR CONDITI	ON GIVEN IN PART 110  DIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO
RMINAL DISEASE OR CONDITI	ON GIVEN IN PART 110  DIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO

- STATE REGISTRAR DECEASED NAME RICHARD TYPE OR PRINTS BROWN lack ale 76. CITIZEN OF WHAT COUNTRY? . BIRTHPLACE STATE OF FOREIGN MARRIED NEVER MARRIED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION USUAL RESIDENCE 130. STATE (IF NURSING HOME OR OTHER INSTITUTION 136 COUNTY CITY OR TOWN 13d. INSIDE CITY LIMITS Baltimore YES X Md. NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN MIDDLE LAST 166 SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) 212-10-6690 Richard 18 CAUSE OF DEATH (Enter only one couse per line (97,0), (b), and (c) PART I. DEATH WAS CAUSED BY. och IMMEDIATE CAUSE A CONSEQUENCE OF eumon Canditions, if ony, which gove rise to immediate couse (a), stating underlying cause PART 2 OTHER SIGNIFICANT CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY 21c. HOW INJURY OC 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED 21e. PLACE OF INJURY 71f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 6 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN HOSPITAL 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial 4/20/85 Westview Mem. Park

DHMH - 16 60M 7/84

BP.

FUNERAL DIRECTOR

should be detoched f with the Stote Dept. IMPORTANT: If Item

Hygiene

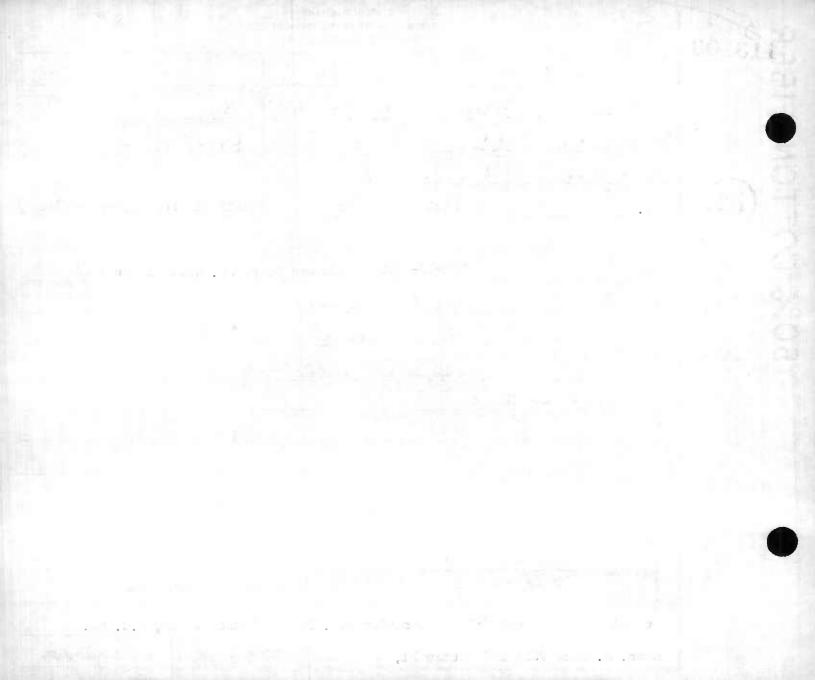
Item 18

Chas. A. Rice FSPA I300 Eutaw P1. (VRA 15, 4)

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Catonville, B.C. Md.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		RST	WIODIE		FICATE OF DEATH	20. DATE OF DEAT	H MONTH	DAY YEAR 21
I TY	YPE OR PRINT)	OlA	J.	Br	OWN		4- 0	23-85
3. S	SEX	4 RACE	,	5. DATE (		6 AGE (IN YEARS LA		IF UNDER 1 YEAR III
1	Female		ack	7	- 4 -1906	1	5 YRS	L L
/0.	BIRTHPLACE (STATE OR FORE COUNTRY)	IGN 1/6 CITIZEN O	WHAT COUNTRY?	P. Contraction	NEVER MARRIED	9 BALTIMORE CIT	imore	
10	CITY OR TOWN OF DEATH				ED DIVORCED DIVORCED DIVORCED	120 USUAL OCCU	PATION	175 KIND OF F
1.	Baltimore	St. A	gnus Hospi	tal		Beautic	ian	INDUSTRY Sta
	UAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	136. CITY OR TOW	ADMISSION)	\$13d INSIDE CITY LIMITS?	13e STREET ADDRE	SS / ZIP CO	DE 21'
1	MD	Carroll	Sykesv	ille			llenb	erry Ros
	FATHER'S NAME FIRST  unknown	WIDDLE	LAST		15. MOTHER'S MAIDEN NA. FIRST UNKNOW	MIDD	i.E	LAST
7 160	WAS DECEASED EVER IN (1985 NO OR UNKNOWN) (1	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	219362		Warner P.	Brown S	37° Ho	llenber
	18 CAUSE OF DEATH (	nter only one cause p					MESAT	APPROXIMA BETWEEN ONS
	PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (0)_	MASSIVE		LMONARY E	PEMA		Hou
	underlying cause	ast.						//
z		CANT CONDITIONS			EROSIS	INAL DISEASE OR C	ONDITION G	IVEN IN PART 1 0
IFICATION			CONTRIBUTING TO D	EATH 8UT		200 AUTOPSY?	206. IF Y	ES, WERE FINDING
AL CERTIFICATION	190 DATE OF OPERATIO	YING 21b. TIME HOUR A	CONTRIBUTING TO D  DITION FOR WHICH  OF INJURY  A.M. MONTH DA	OPERATION	NOT RELATED TO THE TERM ON WAS PERFORMED  210 HOW INJURY OCCUR	200 AUTOPSY?	20b. IF Y	ES, WERE FINDING FIFYING CAUSES OF YES [2]
MEDICAL CERTIFICATION	190 DATE OF OPERATIO	YING 21b. TIME HOUR / XAMINER) 21e PLAC	CONTRIBUTING TO D  DITION FOR WHICH	OPERATION  YEAR  19	NOT RELATED TO THE TERM ON WAS PERFORMED  210 HOW INJURY OCCUR	200 AUTOPSY? YES NO [ RED (ENTER NATURE OF	20b. IF Y	ES, WERE FINDING FIFYING CAUSES OF YES [2]
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DHMH - 16 60M 7/8 (VRA 15, 4)

retained by the haspital or attending physician.

BP

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	T. DEC		alloy	DICAL EXAMINER'S	CERTIFICATE (	20 DATE KNOWN	MONTH DAY YEAR 26 HOUR
ENERGY AND THE PROPERTY OF THE		(Mal			Bruton	DEATH MATED	- 4 019 03 M
SISTER	3. SEX		5. DATE OF BIRTH	YEAR LAST BIRTHDAY) M	UNDER I YR. IF UNDE	MIN PRONOUNCED	MONTH DAY YEAR 26 HOUR 7:50A
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おりを手をし	FO	REIGN COUNTRY)		MA	RRIED NEVER MARI	RIED L	_
SNEW W	N 10. CI	. Carolina TY OR TOWN OF DEATH	U.S	PITAL, NURSING HOME, OR	OWED DIVOR	DED DE Baltimor	
FLAY TO THE PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAG		Baltimore	902	N. Woodington		FOR MOST OF WORKING LIFE)	OR INDUSTRY
TIED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY ISN N PENCIL IN ITEM IB. GIVE PAGES 1, 2, AND 31 OT HE HEAVEN ALONG WITH FORM PM 3. RETAIN PAGE ALONG WITH FORM PM 3. RETAIN PAGE MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 M. OR REMOVAL.	13e. S1	AL RESIDENCE (IF IN NURSING HOM TATE 13b. COL aryland		NE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN Baltimore	YES X NO [	13e. STREET ADDRESS 902 Wooding	gton Rd. 21229
H. IF 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	14. FA	ATHER'S NAME	MIDGLE	LAST	15. MOTHER'S MAIL		LAST
SES PAR PAR	]	Frank		Bruton	Lilly	Ma	e
NO NO NO OR I			RMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRES	S
PAG		NO		219-28-2541	Frank B	ruton 4200 C	olborne Road
MIT.		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAUS	only ane cause per line				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
THIN 24 HOU CIL IN ITEM 18 VER ALONG V ANSIT PERMIT AL HYGIENE, I REMOVAL.			ATE CAUSE (a)		otic cardio	<u>vascular diseas</u>	se
IN 2 IN 1 IN 1 IN 1 IN 1 IN 2 IN 3 IN 3 IN 3 IN 3 IN 3 IN 3 IN 3 IN 3		Canditians, if any, whi		Arteriosclerotic cardiovascular d		13/49/50 PATE	
VITH NER NAN TAL		gave rise to immedia	te / (b)				
EXAMI EXAMI IAL-TI ON, OI		lying cause last.	DUE TO, OR	AS A CONSEQUENCE OF			
BURIAL- AND MEI			(c)				
AS A BURIAL ALTH AND MI CREMATION,	NO	PART 2 UTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL OF	EASE OR CONDITION GIVEN IN P	ART 1 (a).	
HEA HEA	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
SP P	TIFK		3.0				YES NO [X
ARTMEN I		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O		MONTH DAY YEAR	HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 1)	8 PART I OR PART 2
FAGE 3 SHOULD BE USED AS A BURING STATE DEPARTMENT OF HEALTH AND 1, 21201 PRIOR TO BURIAL, CREMATION	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY (AT HOME, 215 TORY, FARM, ETC.)	LOCATION STREET	CITY OR TOWN	COUNTY STATE
A A B B B B B B B B B B B B B B B B B B		220. I certify that I taak cha	No.	• [	tapsy , Inspection		nd in my apinian
EXAMI CERTIFI ULD BE DIRECT WITH WARYL		death resulted fram: Na	tural causes (	Accident . Suicide	, Hamicide,	Undetermined manner	
A VECE		ACTUAL	1/1/		TITLE (SPECIFY)  ASSISTAN	+	DATE SIGNED 4/8/85
SE SE		SIGNATURE	11		M.D. MOSISCALL	CMEDICAL EXAMINER	SIGNED 4/8/85
		EXAMINER'S NAME	egory R. K	auffman, M.D.	_ADDRESS 111	Penn Street	Balto.MD.
GECUTE AGE 4 FUN TER DE		(TYPE OR PRINT)GI					2012-011201
TO MEDICAL ED  EXECUTE THE CE PAGE 4 SHOUL TO FUNERAL D AFTER DEATH BALTIMORE, MV	230.BU	(TYPE OR PRINT)GL URIAL, CREMATION, REMOVAL BUTIAL		231 NAME OF SEMELER	YOR CREMATORY Cemeterv	23d LOCATION L DE 181 CITY OR TOWN AL DE 181 Baltimore,	rle county N.C STATE

24 FUNERAL DIRECTOR

Chas.A.Rice FSPA 1300 Eutaw Place

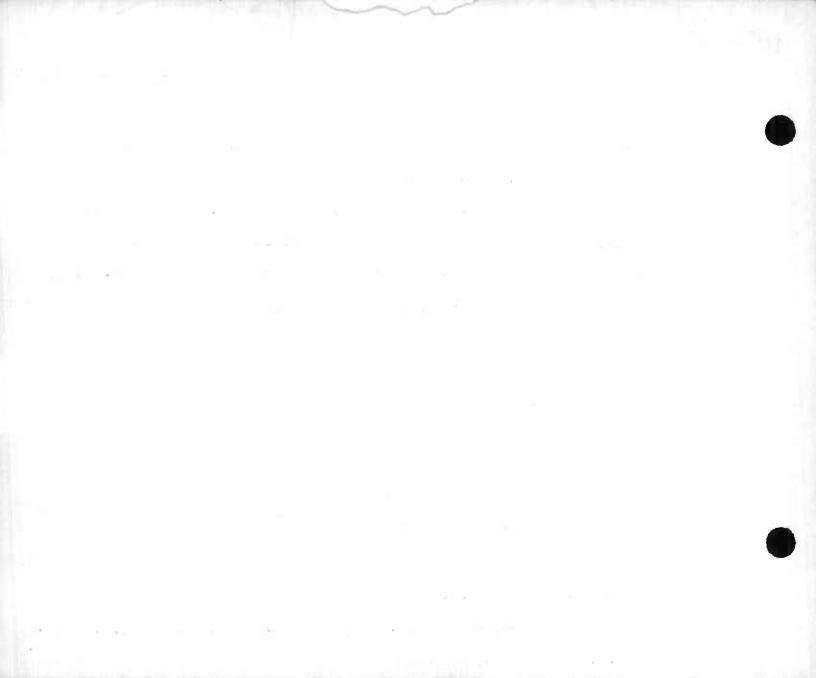
DHMH - 16 50M 4/83

(VRA 15, 4)

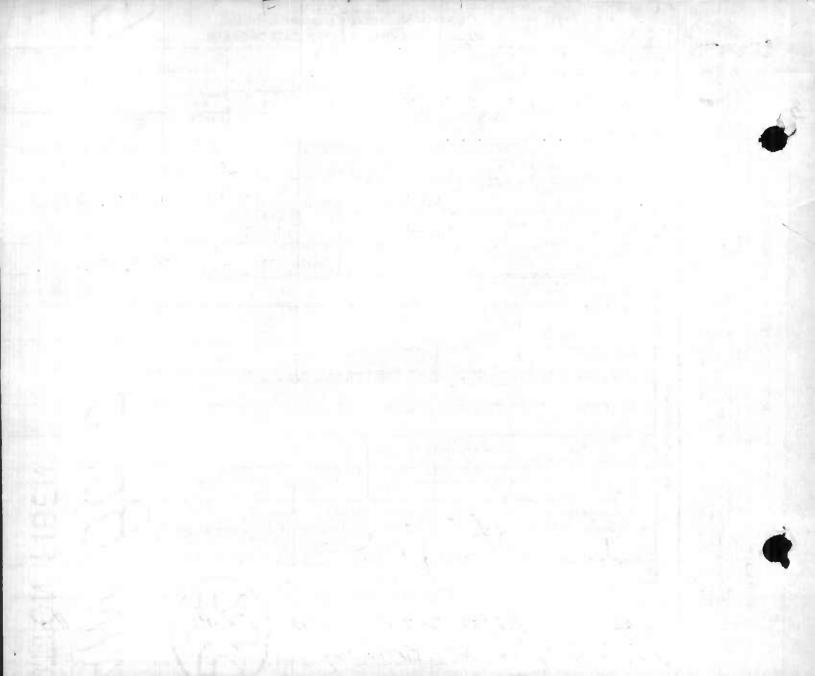
STATE OF MARYLAND

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

·VDD



	. 2	1-	STATE REGISTRAR		ME	DICAL	EXAMINE	R'S C	ERTIFIC	CATEC	F DE	ATH REG. NO.		
	122098		CEASED NAME	FIRST		MIDDLE			LAST			20. DATE KNOWNYY MOI	NTH DAY	TEAR 26. HOUR
	See See	( "	CORPRINT)	Grego	ory			Buc	kner			OF ESTI-	4-12 19	85 "
2	O S O S	3. SE			5. DATE OF BIRTH	YEAR 56	6. AGE (IN YEAR LAST BIRTHDAY) 28 YRS	MONTH	DER 1 YR.	HOURS HOURS	24 HRS.	2C DATE MÓN PRONOUNCED DEAD		YEAR 24 HOUR 1:59
Y	MERCESSA FOR WITH PREST	FC	IRTHPLACE (STATE OF DREIGN COUNTRY)		76. CITIZEN OF WI			MARRIE	ED NEV	VER MARR	ED 🗀	Baltimore City or Co		(H MD
	SHE'S HE'S		nyortownofd Baltimore		11. NAME OF HOS (IF NOT IN SUCH FA Johns	Hopk	ins Hos	pita		TION	FOR	UAL OCCUPATION (TYPE OF WO MOST OF WORKING LIFE) INTENANCE	OR IN	OF BUSINESS DUSTRY ONE
	ANY AND 3 AN	130 S	AL RESIDENCE (IF IN TATE Md.	13B COUN	R OTHER INSTITUTION, GI	13c CITY Ba	e before admission OR IOWN 1timore	4)	13d. INSIDE CI YES <b>K</b>	NO [	13e STR 200	4 LLEUWYLLAN	st. 21	213
1	3 7 - ~	J4. F.	SSTE		WIDDLE	Har	dridge			nnieb		AA PODIE	Buckne	er
	BALTIMORE, A RS AFTER DEATH B. GIVE PAGES I WITH FORM PW WITH FORM PW T. PAGES I AND DIVISION OF WITH		WAS DECEASED EVI (ES, NO, OR UNKNOWN) NO	ER IN U.S. ARA		16b. SO	CIAL SECURITY	NO.	Anni		e Bu	ckner 2136 E.	01 iver	St.
	ON ST., B. 24 HOURS ITEM 18. G. ONG WIT PERMIT. P. SIENE, DIV		18 CAUSE OF DE PART I DEATH	WAS CAUSED	ly ane cause per line DBY: Nô	for (o), (b					N.		APPRO: BETWEEN	XIMATE INTERVAL ONSET AND DEATH
	CETTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUITING THE WORD "PENDING" IN PENCIL IN ITEM 18 DED TO THE CHIEF MEDICAL EXAMINER ALONG WES SHOULD BE USED AS A BURIAL-TRANSIT PERMIT SHOULD BE USED AS A BURIAL-TRANSIT PERMIT IPERATION OF THE WORLD BE USED AS A BURIAL HYGIENE, IN PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Conditions, if gove rise to couse (o) stati lying couse lo	any, which a immediate ng the <u>under</u> -	DUE TO, OR		NSEQUENCE OF							
	BE EXECUTED BE EXECUTED BE EXECUTED BE EXECUTED BE EXECUTED BE EXECUTED BE EXITH AND CREMATION	Z	PART 2 OTHER SIGNIFIC	AHT CONDITIONS	(c)CONTRIBUTING TO OEATH	BUT NOT REL	ATED TO THE TERMIN	AL OISEASE	OR CONDITION	N GIVEN IN PA	RT 1 tal.			
	DIVISION OF VITAL RECORDS, S. CERTIFICATE SHOULD BE EXECT RITING THE WORD "PENDING" ROED TO THE CHIEF MEDICAL AS 3 SHOULD BE USED AS A BURE DEPARTMENT OF HEATTH AND TO PRORT TO BURIAL, CREMATIL	CERTIFICATION	190 DATE OF OPE	RATION	196 CONDIT	TION FOR	WHICH OPERA	TION W	AS PERFOR/	MED?			20 AUTO	
	ON OF V		CONTRIBUTING [	OR CAUSE OF E	DEATH P.M	. MONTH	DAY YEAR			OCCURRE	D JENTER	NATURE OF INJURY IN ITEM 18 PART 1 (	OR PART 2)	
	DIVISION THIS CERTING WARDED PAGE 3 STATE DEP	MEDICAL	WHILE AT WORK AT	DT WHILE C	21e PLACE ( STREET, FACT			21f LOC 51	CATION			CITY OR TOWN	COUNTY	STATE
	XAMINER: ERTIFICAT ID BE FOR INFECTOR: WITH THE ARYLAND			took chorg	e af the remains des	cident	ove, held an Suice	0	Y XX.  Hamic  TITLE (SI  D. ASS1	PECIFY)	Undet	termined manner ,	ATE 4-1	3-85
	TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNETHE O PAGE 4 SHOU AFTER DEATH, BATTIMORE, M		EXAMINER'S NAM (TYPE OR PRINT)	Deni			M.D.		TOOKE 33		enn	St., Balto.,	Md. 21	201
	BP/133		SPECIFY)	I,REMOVAL 2	4/19/85	5 6	HAME OF CEME	RERY OF	Cer	n.	DECID BY	Y REGISTRAR   25b. REGISTRAF	COUNTY	nd.
	DHMH - 17 (VR A15 ME (5)) 20M 4/82		William	J. 50	DICCA ADDRESS	639	BROKE	Jus	44		R 3		widson-Ro	



DHMH - 16 50M 4/83 (VRA 15, 4)

FOR STATE REGISTRAR

I. DECEASED NAME

STATE OF MARYLAND	5
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

5. DATE OF BIRTH

MIDDLE

Α.

REG. NO.

MONTH

22

85

26. HOUR

20 DATE OF DEATH

SE)	(:	4_F	RACE /		5. DATE O	F BIRTH	14	AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	# UNDER	24 HRS
	MAle		131	ACK	MONTH 4	- 22-	21.	64	YRS.	ONTHS DAYS	HOURS	MIN,
n. Bl	RIHPLACE (STATE ORFI	Md 76.	CITIZEN OF V	VHAT COUNTRY?	MARRIED WIDOWEI	NEVER MA	RRIED	BALTIMORE CITY O	_	OF DEATH	ty,	MD.
0. CI	MILL.			OSPITAL, NURSII		R OTHER INSTITU	JTION	17a. USUAL OCCUPATI	F WORKING LIFE	12b. KIND OI INDUSTRY	F BUSINE	SS OR
	AL RESIDENCE (IF NURSE	NG HOME OR OTH 13b. COUNTY		SIVE RESIDENCE BEFOR	VN	134 INSIDE CITY	LIMITS?	30 STREET ADDRESS	ZIP CODE	1		
	aryland	-		Baltim	ore		○ □	3022 Har	lem A	Avenue	21	216
4 FA	THER'S NAME FIRST	MIDE	DLE	LAST		15. MOTHER'S N		E MIDDLE		LAST		
	James		Н.	Bukcn	er	F1o	rence			Chomas		
()	VAS DECEASED EVER (ES. NO OR UNKNOWN) YES	IN U.S. ARMEI		218-07		Grend		gins 3022		lem Av	enu	e
	18 CAUSE OF DEATH PART I. DEATH W.	AS CAUSEĎ B IMMEDIATE C	CAUSE (o)		dis	nelun	ney	Aust		BETWEEN C		
NO	Conditions, if ony, gove rise to imm couse (o), stating underlying couse	nediote g the last.	(c)	AS A CONSEOU		NOT RELATED TO	THE SERMIN	OL DISEASE OR CON	DITION GIVE	N IN PART 110	, 1	
CERTIFICATION	19a. DATE OF OPERAT	ION	196 CONDII	ON FOR WHICH	H OPERATION	N WAS PERFORM	MED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USEE OF DEAT	TH?
CAL CEN	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME OF HOUR A.A P.A	A. MONTH D	AY YEAR	21c HOW INJU	RY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM TS PA	RT I OR PART 21		
MEDI	21d INJURY OCCURR		21e. PLACE C	OF INJURY ET, FACTORY, OFFICE,	FARM ETC )	211 LOCATION STREET	0.5	CITY OR TO	WN .	COUNTY	5	TATE
	22a.l certify that (1) sow the decease above, (1) (we) (d	d alive an	3.	19. 19	San	d that in (my) (a	19 or) opinion de	eoth occurred on the d	ote and hour	ond from the		we) last
	226. SIGNATURE	5	de	)	i C		ENDING Y	MEDICAL STA		22¢ DATE	SIGNED	
	22d PHYSICIAN'S NA	ME LIVE OR PR	1 · S !	SALU	TA MI	27e ADDRESS	00 M	7 Rogal	2 Ac	e Da	162	1217
	URIAL, CREMATION, IURIAL, CREMATION, I	REMOVAL	236 DATE 4/26/			on For		A Owings	Mills	COUNTY	Md.	JATE
4. FL	INERAL DIRECTOR							REC'D. BY REGISTRAR	25b. REGISTR	RAR'S SIGNATI	URE	
W m	C March	F/H ]	Inc. 1	101 E	North	Avenu	e AP	R 25 1985	Siera 1	Evidson-1	fanda	00_
									17			



1128	1-	FOR STATE REGISTRAR			DEPARTA	NENT OF H	CATE OF DEATH	REG	NO.	•			
	1. DEC	EASED NAME	FIRST		MIDDLE		ŠT	20. DATE OF DEAT		DAY	YEAR	2h HOU	R
- STATE REGISTRAR  1. DECEASED NAME (TYPE OF PRINT)  3. SEX Female  70. BIRTHPLACE (STA COUNTRY) Maryland 10. CITY OF TOWN OF Baltimore USUAL RESIDENCE (Tags STATE Maryland  14. FATHER'S NAME EMENT FEMALE (YES. NAOOF UNKNOWN OF DECEASED NAME (TYPE OF PRINT)  160. WAS DECEASED (YES. NAOOF UNKNOWN OF DECEASED NAME (TYPE OF PRINT)  18. CAUSE OF PART 1. DE. Canditions, if gove rise to cause (a), underlying  PART 2. OTHER	J. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Emma		Α.	Bul			4	14	85	IF UNDER	7. 1105	
mo, po	Female  70. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY)  Maryland  10. CITY OR TOWN OF DEATH  Baltimore  USUAL RESIDENCE (IF NURSING HOME OR O' 130, STATE Maryland 13b, COUNT' 13b, COUNT' 14. FATHER'S NAME FIRST Frederick  160. WAS DECEASED EVER IN U.S. ARM (YES. NOOR UNKNOWN) (IF YES, GIVE W YES, NOOR UNKNOWN) (IF YES, GIVE W YES, NOOR UNKNOWN)  18 CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED IMMEDIATE  Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO	4 RACE		S DATE C	18 <sup>0AY</sup> 1889	WONTHS DAYS HOURS					MIN.		
9 11				White		10	18 1889	95  P BALTIMORE CITY OR COUNTY OF DEATH					
T P P P	CC	DUNTRY)	OR FOREIGN		WHAT COUNTRY?	MARRIE	NEVER MARRIED	Baltim			5 <i>P</i> (11)		
de la company					USA	WIDOWE	ROTHER INSTITUTION	120. USUAL OCCUP			KINDO	F BUSINE	55 O
mai Do	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  10. CITY OR TOWN OF DEATH  Baltimore  USUAL RESIDENCE (IF NURSING H. 139. STATE ARESIDENCE (IF NURSING H.		4336 SU	Berger Av	enue	21206	178. USUAL OCCUPATION TO BE OF WORKING LIFE! IND HOUSEWIFE HOMEONACET IND HOUSEWIFE						
UV ks	USU/ 130 S Ma	TATE TATE Lryland			Baltimo	n n n n n n n n n n n n n n n n n n n	13d INSIDE CITY LIMITS?	13. STREET ADDRES	rger I	Avenu	e 2	1206	
nd 2 sh	14. FA		erick	MIDDLE	Habkeme	ier	15. MOTHER'S MAIDEN NA	MIDD		Ma	rcks	Ţ	
(YES, NOR UNKNOWN)		/ER IN U.S. AI	RMED FORCES? VE WAR OR DATES)	160 SOCIAL SECU 215-05-5		Hiram Bullen		ger A	ve.	21.20	MATE INTER		
n signed by the at Then please rema to burial, crembt injury, or other tra	NOI	gave rise ta cause (a), st underlying co	immediate lating the luse last.	CONDITIONS C		SUN DEATH BUT						7 p.	_
an has bee the prior only and prior only only only only only only only only	TIFICAT	190 DATE OF OPI	RATION	19b. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20€. AUTOPSY?	] IN CI	F YES, WEI ERTIFYING YES	CAUSES	OF DEA	TH?
p physics of trums and fryg em 18 sh	1000	210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY N	CAUSE OF D	EATH HOUR A	OF INJURY L.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEA	A 18, PART 1 C	PART 2)		
arthur or this or a the burn or and Me	MEDICAL	21d. INJURY OCC		21e. PLACE	OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET	CITY C	RTOWN	co	OUNTY	s	TATE
or most tax or attender trained by the hospital dr.: Or FUNERAL DIRECTOR: Att house defacthed to use or with the State Dept. of Health WPORTANT. If them 21 is man		saw the dec above, (J) to 22b SIGNAURE 22d PHYSICIAN' Fra	nesed alive a sexual did not be sexual did not b	ORPRINT)  Daly,	y attendenth.  MD	85.0	7401 Osler	MEDICAL DE PHOTOSOT	STAFF IYSICIAN [		4		
BP			rial	236. DATE 4-17-	-85	corrai	ne Pk. Cemete		Balti		Mar		ATE
DHMH - 16 25M (VR A 15 (4) ) 9/74	1	UNERAL DIRECTO	unera	Hame	740 I BALTO	Belan	212361APR	1 7 1985		Davids			,

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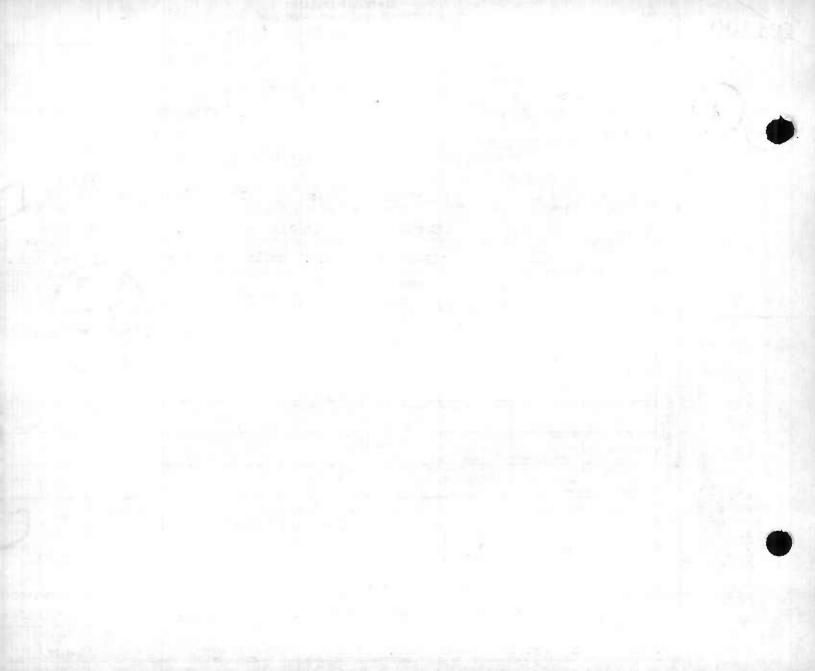
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DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT; If Hem 21 is marked ar Hem 18 shaws any

\$ STATE OF MARYLAND 8 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0 5 2 2

REG. NO.

	I DECEASED NAME	FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY YE	EAR 26 HOUR
	(TYPE OR PRINT)	FELIX	J.	BUR	NS, JR	APRIL 1	1, 1985	12:55 F
	3 SEX	4 RACE		5. DATE OF BIR	TH DAY YEAR	6 AGE (IN YEARS LAST B		TYEAR IF UNDER 24 HRS. DAYS HOURS MIN.
1	Male		White	June 8,		33	YRS	DATE HOUSE
1	70 BIRTHPLACE (STATE OR	FOREIGN 76 CITIZE	N OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEAT	TH
	New York	U.S.	Α.	WIDOWED [	DIVORCED [X	BALTIMO	RE CITY	MD.
1	O CITY OR TOWN OF DEA	ATH 17. NAM	AE OF HOSPITAL, NU	RSING HOME OR OT	HER INSTITUTION	12a USUAL OCCUPAT		IND OF BUSINESS OR
2	BALTIMORE	JOH		NS HOSPI	TAL	Chemist Ma	artin Marie	tta
Ŀ	SUAL RESIDENCE (IF NURS	THE COUNTY	13c. CITY OR T	EFORE ADMISSION) OWN 13d.	INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	
2	Maryland	Howard	Columb	oia YES	NO [	10958 Mill	bank Row	21044
19	4 FATHER'S NAME	MIDDLE	LAST	15. A	NOTHER'S MAIDEN NA	ME		LAST
	Felix J. Bu		4110		late Gwer	ndoline M.	Watts	LHU!
7	160 WAS DECEASED EVER	IN U.S. ARMED FOR	CES? 166 SOCIALS	ECURITY NO. 17-1	NFORMANT	ADDR	RESS	7
6	Yes, no or unknown)	Vietnam	167 44	0259 Fe	lix J Burn	s Sr. 10958		Row Col. Md
	18 CAUSE OF DEAT	H (Enter only one car	use per fine far (a), (b	, and (c				PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	PART I. DEATH W	IMMEDIATE CAUSE	(a) card	iopulm	mary o	arrest	2.4	e minutes
		DUE	TO, OR AS A CONSE	OUENCE OF	, , ,		1 127	
	Canditions, if any		(b)	ratiz 4	mary			
	gave rise to imposse (a), statis	mediate	70,00,10,100,100	OUT OF OF				7.0
	underlying cause		TO, OR AS A CONSE	halic	Cures di	seere		
	PART 2 OTHER SIG	NIFICANT CONDITIO	ONS CONTRIBUTING	TO DEATH BUT NOT		AINAL DISEASE OR COM	NDITION GIVEN IN PA	RT 1 a
		entonero	A .	trome	renal	faiture		
	190 DATE OF OPERA	10N 19b.	CONDITIONORWH	IICH OPERATION WA	SPERFORMED	200 AUTOPSY?	206. IF YES, WERE F	
	190 DATE OF OPERA					YES NO	IN CERTIFYING CA	NO PATH?
	210. ACCIDENT WAS UN		TIME OF INJURY	21c.	HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	IURY IN ITEM 18 PART I OR PA	RT 2)
-		CAUSE OF DEATH	UR A.M. MONTH P.M.	DAY YEAR				
	OR CONTRIBUTING (IF EITHER NOTIFY MEDI	RED 21e F	PLACE OF INJURY	211	LOCATION			
		HILE	OME STREET FACTORY OFF	ICE, FARM ETC )	STREET	CITY OR 1	IOWN COUN	STATE
			ded the deceased fro	411	85 10	. 4	11 8	5 that (I) (we) last
	saw the deceas	ed alive an	-11182	5111	, 17	death occurred an the o	date and hour and from	
	abave, (1) (we) (	did) (did not view the	e bady after death.	DEGR				DATE SIGNED
	Fra	Nchin	wiehe	61 m	ATTENDING _		AFF L	+/11/05
-	22d. PHYSICIAN'S N	AME (TYPE OF PRINT)			ADDRESS	DIRECTOR PHYS	ICIAN	1111/00
	FRANK		. WET A		The Joh	no Hack	inc 140	ca. Tol
_					TVC 40 K	عراما، ان	ins the	marian
	23a. BURIAL, CREMATION, (SPECIFY)				ERY OR CREMATORY	23d LOCATION	COUNTY	
	Burial	Apr	11 16'85	Maryland V	eterans Ce		n Forest Mo	
	24 FUNERAL DIRECTOR	. 4330	ADDRE	\$		DE A B 4005		GNATURE Mandale
	Harry H Wit	ZKP 4117 (	'Olumbia R	d Ellicott	City I A	PR 1 5 1985	1 more mare less	man and has lower

12-11-6

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5	TAT	E OF M	ARYL	AND Q	ling
DEPARTMENT	OF H	EALTH	AND	MENTAL	HYGI

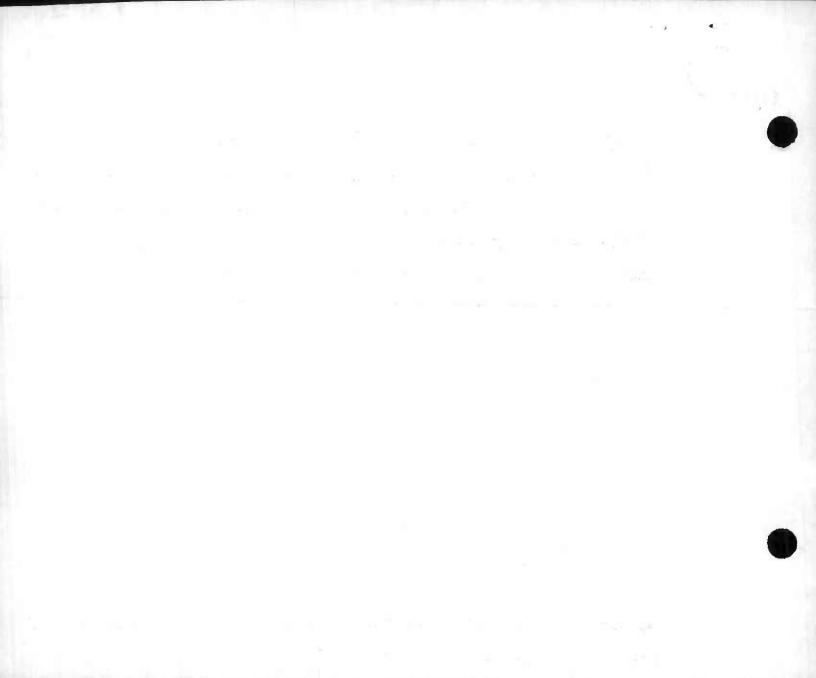
P.	887	-	8.7	100	OF	DEATH	
ш	шы	ш	ΛI	₽.	1111	DEATH	

1	REGISTRAR ROBERT LEWIS BURNS CERTIFICATE OF DEATH						
1		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONT	TH DAY YEAR	2b. HOUR
1	{TYPE	ORPRINTI ROBERT	4	BURNS	4-11-	1985	1:20AM
ı	3. SEX	Male	4 RACE White	5. DATE OF BIRTH  MONTH  DAY  YEAR  1913	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER TYEAR	IF UNDER 24 HRS. HOURS MIN.
d	70 BIE	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OR CO	Titto.	
7	100	Maryland	USA	WIDOWED DIVORCED		e City	MD.
A	19 CI	TY OR TOWN OF DEATH BALN MORE	(IF NOT IN SUCH FACILITY, GIVES	ORSING HOME OR OTHER INSTITUTION IREET ADDRESS)	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	RKING LIFE) INDUSTRY	ruction
2	130. S		OTHER INSTITUTION, GIVE RESIDENCE B	DEFORE ADMISSION) TOWN 13d INSIDE CITY LIMITS? DSVIlle YES 7 NO 5	13 e STREET ADDRESS / ZIP	CODE	21228
2	) FA	THER'S NAME FIRST WILLIAM	MIDDLE BU	15. MOTHER'S MAIDEN N FIRST Elsie	WIDDLE	H	lahn
1	114	VAS DECEASED EVER IN U.S. AR/ (ES, NO OR UNKNOWN) (IF YES, GIVI	E WAR OR DATES)	SECURITY NO. 17 INFORMANI 07-4615 Virginia	ADDRESS 1307 Caton	Rice Avenu sville, Md	e 21228
-	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT OF DEPARTION	alelocida	EQUENCE OF  TO DEATH BUT NOT RELATED TO THE TE  TO PERATION WAS PERFORMED	200 AUTOPSY? 20b	. IF YES, WERE FINDI	NGS USED
	TIFIC				YES NO	CERTIFYING CAUSES	NO [
1	MEDICAL CES	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19	URRED (ENTER NATURE OF INJURY IN I	IEM 18 PART ( OR PART 2)	
	MED	21d. INJURY OCCURRED  HILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC ]	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (did no	4/15		on death accurred an the date o		that (I) (we) lost causes stated
		22b. SIGNATURE	AL M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN		SIGNED
		22d PHYSICIAN'S NAME (TYPE OF	AN	127e ADDRESS 15m Le	con Hills	Baltimor	e, Md.
	23o. B	SURIAL, CREMATION, REMOVAL	23b. DATE 4/15/85	23: NAME OF CEMETERY OR CREMATOR Westview Crematory	Catonsvill		Md.
	14 FU Le 16	royaneM. & Russel 30 Edmondson Av	.1 C. Witzke Er enue, Catonsv:	uneral Homes P.A. 250. I	AD REC D. REE SARAR 196	registrar's signat	TURE

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND

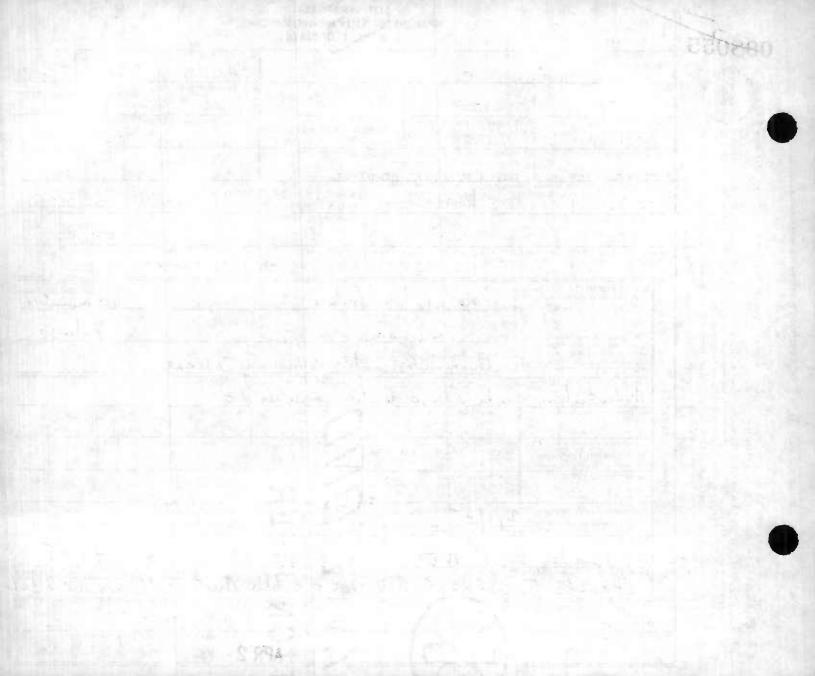


DHMH - 16 50M 4/83 (VRA 15, 4)

## STATE OF MARYLAND

STATE OF MARYLAND CONTROL BY DEPARTMENT OF HEALTH AND MENTAL HYGTENE

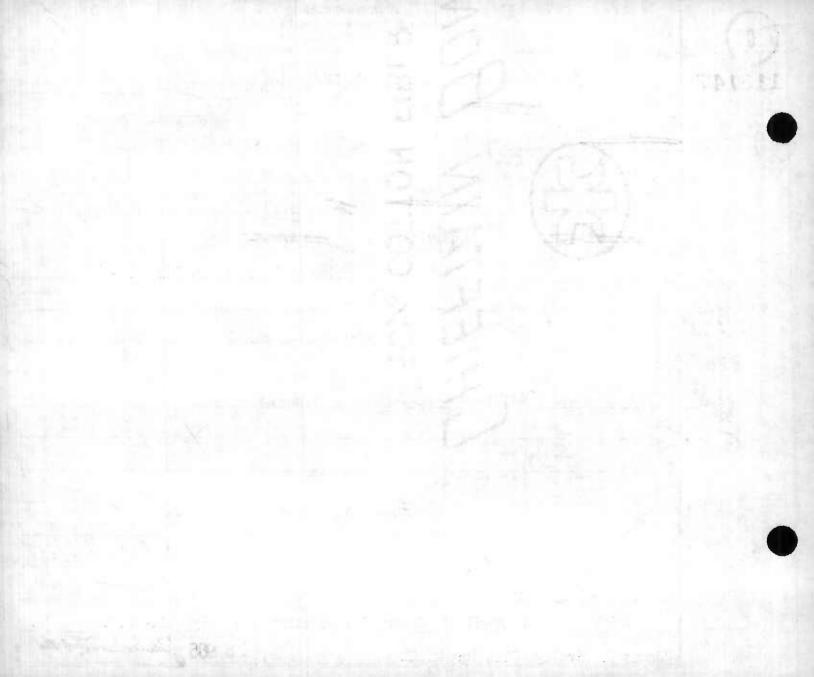
BRST   RACE   BUILTON   BAST   BAST   BUILTON   BRST   BRST   BUILTON   BRST   BRST   BUILTON   BRST   BRST   BRST   BUILTON   BRST   B	1 - STATE REGISTRAR		DEP		EALTH AND MENTAL HY	GTENE REG. N	10.	٤. ٧	
BACE   SOATE OF BRTH   SV4 98 86   NRTH ASS LAST BRINGAY   DECORATION   DECORATIO		FIRST	MIDDLE	· ·	AST			PI YEAR	26. HOUR 7 30
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SUBJECT   STREET ADDRESS / ZIP CODE   2061   Kennedy   Ave. 212			(IF NOT IN SUCH FACILITY, GIVES	STREET ADDRESS]					), BO3114533 C
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Burton Martha Granger  60 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS  149-03-3310 Rosa Fitch 2061 Kennedy Avenue  15 CAUSE OF DEATH IEnter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO, OR AS A BONSEQUENCE OF: Conditions, if any, which gove rise to immediate couse (a), stofting the underlying couse last.  DUE TO, OR AS A BONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ital  DUE TO, OR AS A CONSEQUENCE OF: DUE TO,					15. MOTHER'S MAIDEN N				
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OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURED AND WHILE ALL OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  220.1 certify that (I) (this haspital) attended the deseased fram sow the deceased alive an abave, (I) (we) (did) (did nat) view the bady after death.  220. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN ARE MORT AT. HOSP  220. PHYSICIAN'S NAME (TYPE DR PRINT)  220. ADDRESS  A DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN ARE MORT AT. HOSP	T.					YES NO	YES	S 🔲	NO 🗌
P.M.   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)   21l. LOCATION   STREET   CITY OR TOWN   COUNTY   STREET   CITY OR TOWN   COUNTY   STREET   CITY OR TOWN   COUNTY	210. ACCIDENT WAS U			DAY VEAD	216 HOW INJURY OCCU	IRRED (ENTER NATURE OF INJE	JRY IN ITEM 18 PA	ART I OR PART 2)	
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220.1 certify that (I) (this haspital) attended the deceased from 3/1/8 , 19 , to 19 , that (I) (saw the deceased alive an abave, (i) (we) (did) (did nat) view the bady after death.  27b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 4-1-85  22d PHYSICIAN'S NAME (TYPE DE PRINT)  22e. ADDRESS ADDRESD	214 IN HIRY OCCU			19	21L LOCATION				
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saw the deceosed alive an		AT WORK		2	1.156	41	1.0	1000	
saw the deceosed alive an 400 p. and that in (my) (our) opinion death occurred on the date and haur and fram the couses strategy above, (1) (we) (did) (did nat) view the bady after death.  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 41-1-85  22d PHYSICIAN SNAME (TYPE DR PRINT)  22d PHYSICIAN SNAME (TYPE DR PRINT)  22d ADDRESS  A A CALL STAFF PHYSICIAN MEMORIAL HOSP	22a.1 certify that (	that (1) (this haspital)	attended the deceased to	rom	(19) 19	, 10	23	19	that (I) (we) le
226 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 4-1-85  224 PHYSICIAN'S NAME (TYPE DR PRINT)  226 ADDRESS  226 ADDRESS  227 DATE SIGNED	saw the decea	deceosed alive an	4/1105		nd that in (my) (our) opinio	n death occurred on the	late and have	r and fram the	couses stated
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A TO	h	harley.	Husping	7	PHYSICIAN			7-1	- 5)
CHARLES J. OSEROFF, M.D. 208 E. Biddle Theet, Baltimore Med 2	CHARL	RUES J.	OSEROFF	M.D.	1	lle Street	Balta	MORIAL	HOSPIT
30 BURIAL CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 23d, LOCATION	30 BURIAL CREMATION	TION, REMOVAL TO			EMETERY OR CREMATORY				
(SPECIFY) CITY OR TOWN COUNTY	(SPECIFY)	AND THE PERSON NAMED IN	0 V 3 V 1 4			CITY OR TOWN	Land		T77
DUNTAB 470783 TUILECH CAMATANU			4/6/85	Church	Cemeter.v.		rand,	DARK SIGNA	vd.
4 FUNERAL DIRECTOR  Wm NAME March F/H Inc. 11 ADDRESS E North Ave. ADD 9 - 400E Chia Scurdam Bonder		. =	ADDF	RESS	754 D.	ATE REC D. BY REGISTRAN	M. KEGISTI	KARS SIGNAT	ORE



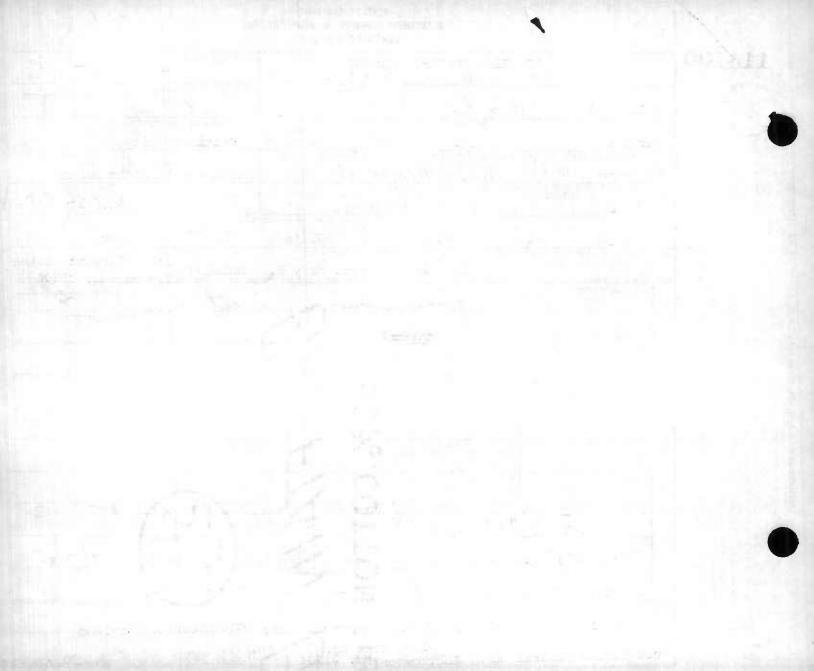
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

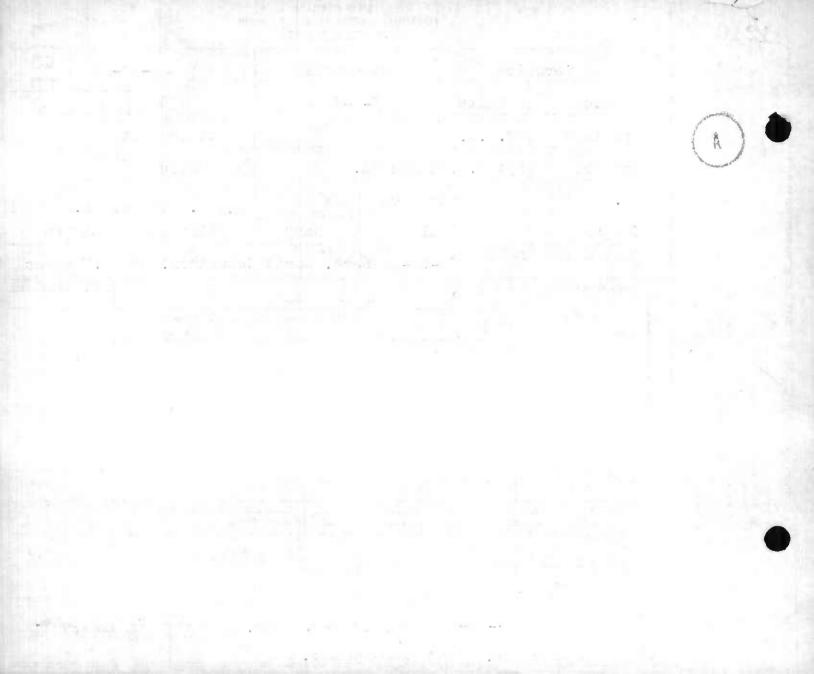
FOR

(VRA 15, 4)



KAM		REGISTRAR CEASED NAME	FIRST TATE	TTTT71/	GODFREY	BURTON		REG. N 20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
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1000		ale M		White	-	MONTH DAY	4 /6	68	YRS		HOURS
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Oracloss Are miscerimoter no serior sprace of me control or correct for use os the buriol-tronsit permit. Then please remove corbin to be for use os the buriol-tronsit permit. Then please remotion, or repet. of Health and Mental Hygiene prior to buriol, cremotion, or refit them 21 is marked or them 18 shows any injury, or other troumptic.		Conditions, if any, gave rise to imm couse (o), stofin underlying couse  PART 2. OTHER SIGN  21g. ACCIDENT WAS UND OR CONTRIBUTING CIFE EITHER, NOTIFY MEDIC 21d. INJURY OCCURE WHIE NOT WHAT WORK AT WORK  22g. I certify that (1)- saw the decease	which mediate ng the lost.  NIFICANT C  TION  DERLYING C  CAUSE OF DEA CAL EXAMINER  RED  HILE C  This hospit and alive an	DUE TO, CO (b) DUE TO, CO (c) ONDITIONS CO  19b. COND THOUR A P 21b. PLACE (AT HOME, ST	OR AS A CONSEOU  ONTRIBUTING TO  DITION FOR WHICH  OF INJURY  .M. MONTH D  .M.  OF INJURY  REET, FACTORY, OFFICE  the deceosed from  19.5	DEATH BUT NOT RELAT  H OPERATION WAS PERI  AY YEAR  19  211. LOCA  STR  DEGREE	FORMED  INJURY OCCURI  TION  THE TION  THE TION  THE TION  ATTENDING	200 AUTOPSY?  YES NO CITY OR TO COMPANY  CITY OR TO COMPANY  Adeath occurred on the company  MEDICAL STA	20b. IF YES, WIN CERTIFYIN YES [ URY IN ITEM 18 PART  OWN  AFF	VERE FINDIN IG CAUSES (	GS USED OF DEATH NO  ST.
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	1	tems 18- FOR STATE	-22u 5/2	7/85	th h	P#604			MARYLAN H AND ME		YGIENI	E		0.0	or in column			
113089	1 DE	REGISTRAR CEASED NAME PE OR PRINT)	FIRST	2	MED	MIDDLE	EXAMIN	IER'S	CERTIFIC	ATE Q	2	a. DATE	KNOWNY ESTI-	MONTH	DAY	YEAR	2b HOUR	
ARY, PLEASE DIRECTOR. OUR FILES.	3. SE	ale	Kenr White	S. DATE OF	BIRTH 74	A.U. 72	6. AGE (IN Y			IF UNDER		DEATH RONOUN DEAD	NCED	MONTH	17 DAY	1985 YEAR	24 HOU 8:25 a.	
PARTIES AND		PORE OF COUNTRY			76. CITIZEN OF WHAT COUNTRY?					NEVER MARRIED BALTIMORE CITY OR COUNT DIVORCED BALTIMORE CITY						DEATH	W	
		Baltimore			11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Francis Scott Key Medical Center							PE OF WORK	Sex 126 KIND OF BUSINESS OR INDUSTRY					
1000	13045	TATE aryland	TY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. STY OR TOWN Baltimore				13d INSIDE CIT	NO [	13. STRE	Sout	h Old	to	t. 21224				
ME. MD.  EETH II  EETH II  EETH II  EETH II  EETH II  EETH II  EETH III  EET		ATHER'S NAME		MIDDLE	Cadle				R	15 MOTHER'S MAIDEN NAME MIDDLE ROSalie						Wilson		
DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMO WING CATEGORY SHOULD BE EXECUTED WITHIN 24 HOURS AFTER D WRITING THE WORD "PROJUG" IN PRIVILE IN THEM 18. GIVE PAGENDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORWARD STONIOUS BE USED AS A BURIAL TRANSFILL REMAIL FROM AT DEPARTMENT OF HEATH AND MENTAL HYGENE, DIVISION OF THE PROPERTY OF HEATH AND MENTAL HYGENE, DIVISION OF THE PROPERTY OF HEATH AND MENTAL HYGENE, DIVISION OF THE PROPERTY OF THE PROPERT	16a. \	VAS DECEASED ES, NO, OR UNKNOW	EVER IN U.S. ARA	MED FORCES WAR OR DATES)	PFORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Rosalie Dean 5/9						519 S	19 S.Oldham St. 21224						
	2	Conditions, gave rise couse (a) st	if ony, which to immediate toting the <u>under</u>	(b)	TO, OR A	AS A CON	re dis SEQUENCE SEQUENCE	OF OF		GIVEN IN PAI	RT 1 a							
	CERTIFICATION	190 DATE OF C	PERATION	19b. (	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPSY?						
		210 EXTERNAL UNDERLYING CONTRIBUTING	and a	HO	IME OF UR A.M. P.M.		DAY YEA	R 21c F	OW INJURY	OCCURRE	D (ENTER N	ATURE OF IN	JURY IN ITEM 18	PART 1 OR P	ART 2)	AA		
	MEDICAL	21d. INJURY OC WHILE AT WORK	CURRED NOT WHILE AT WORK			F INJURY DRY, FARM, ET		21f_ LG	STREET			CITY OR TO	WN	C	YTHUC		STATE	
TO MEDICAL EXAMINER: TO MEDICAL EXAMINER: TO MEDICAL EXAMINER: TO PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAGE TORES P	24. F	22a I certify death resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRINT URIAL, CREMATIK SPECIFY) UNERAL DIRECTI	AME Marc	garita  4-20-	A. A.	Kore:	11, M.	D. METERY	ADDRESS OR CREMATO Cemete	ecify) stant	Undete	Inquiry rmined me CALEXAA CT., CATION RTOWN ROOM ROOM ROOM ROOM ROOM ROOM ROOM ROO	anner .	DATE SIGN	ED_4	2120 STURE		
(VR A15 ME (5))	U	rarles S	. Leiler	2 & Soi	2 In	c. 901	5.0	nkli	rg St.	1111	- 9		guna	David	108/	gandes	L	

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275-10-3705 Totalie law 579 . John 54. 2729

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There is a side of Sac. (1) and in St.

0	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	I 0 5 3	3 0
	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 2b HOUR
	IDA	M.a.y	CAGE	April 2, 1985	10:25A
3.	SEX	4. RACE	5. DATE OF BIRTH		IDER I YEAR IF UNDER 24 HRS
	Female	White	May 8, 1885	99 YRS	HS DAYS HOURS MIN.
7/70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY OF	DEATH
0	Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore Cit	V, MC
29 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION		26. KIND OF BUSINESS OR
2	Baltimore	Church Hospi		Home maker	
I U	JOUAL RESIDENCE (IF NURSING TOME OF 30 STATE	ROTHER INSTITUTION GIVE RESIDENCE BEFORE		13e.STREET ADDRESS / ZIP CODE	
2		timore Linove		14 Sipple Aven	ue 21236
17 19	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	
50	Henry	Baker	Amanda 3	J. Wilson	LAST
1) 16	MAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU		ADDRESS Balto	. Md.
1	(YES NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES) 705-07-	-7877 Earl Cage	7919 Beverly Av	
	18 CAUSE OF DEATH Enter of	nly one couse per line for (a), (b), one	dic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		CARDIOPII	LMONARY ARREST		

DUE TO, OR AS A CONSEQUENCE OF (b) PROGRESSIVE

DUE TO, OR AS A CONSEQUENCE OF

74 FUNERAL DIRECTOR Dippel Funeral Home, Inc.

7110 Belair Rd. Baltimore. Md. 21206

Conditions, if ony, which gove rise to immediate couse (o), stofing

underlying couse

PNEUMONIA AND/OR PULMONARY CONGESTION CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 700 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOX 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHEE 220.1 certify that (1) pinion death accurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Church Hospital Mukesh Luhar, M.D. Broadway Balto. MD 21231 100 N 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY

Cokesbury Meth

Abingdon Harford BY REGISTRAR 256. REGISTRAR'S SIGNATURE

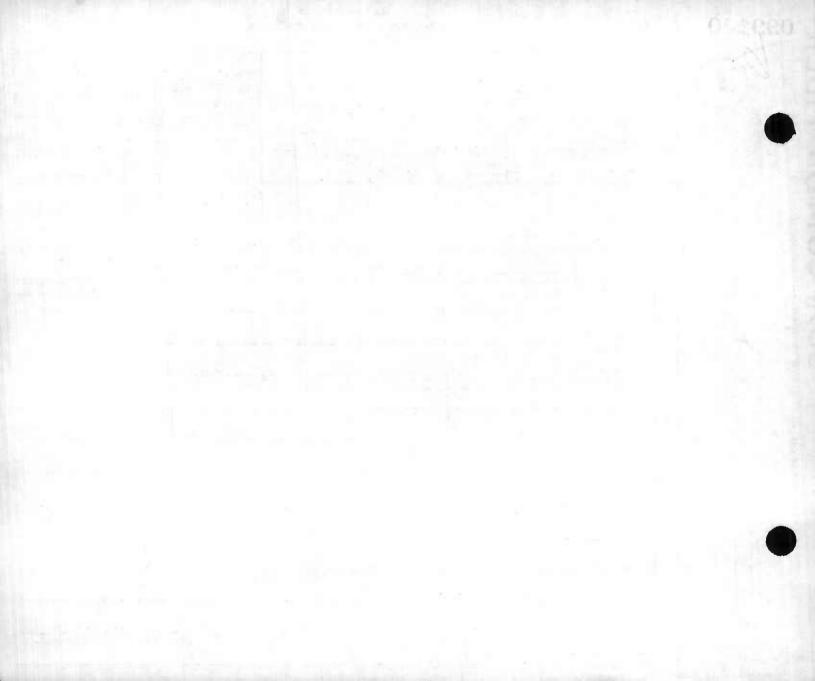
RENAL FAILURE

DHMH - 16 60M 7/84

(VRA 15, 4)

IMPORTANT. I

(SPECIFY)



3 18	1.	FOR • STATE	Di	EPARTMENT O	TE OF MARYLAND HEALTH AND MENTAL HYG	SIÉDE	0 5 3 1	
8027	1 DE	REGISTRAR CEASED NAME FIRST	MIDDLE	CEKI	IFICATE OF DEATH	REG. N	O. MONTH DAY YEAR	I2b HOUR
1 No.		OR PRINT)		C= 1			7005	
6000	3. SE		4 RACE	Cal	E OF BIRTH	April 12,		R IF UNDER 24 HRS
THE STATE OF THE S		n Male		MO	NTH DAY YEAR		MONTHS DAYS	HOURS MIN,
1 14		RTHPLACE (STATE OR FOREIGN	White		nuary 20, 1909	76	PR COUNTY OF DEATH	
uneral of an 72 h	Si	cily	USA	WIDO	RIED*** NEVER MARRIED	City		MI
4 11 200	10. C	TY OR TOWN OF DEATH Baltimore	4601 SCYCES		E OR OTHER INSTITUTION	Self emple	on Eworking IFE JAVELY Dyced TavelY	OF BUSINESS OF
24 hours	13e. S	AL RESIDENCE (IF NURSING HOME STATE 13b. COL	UNTY 136 CITY C	ICE BEFORE ADMISSION TOWN	N) 13d. INSIDE CITY LIMITS? YESXXX NO	13e STREET ADDRESS	ZIP CODE	21214
The state of the s		ATHER'S NAME FIRST  OSEPh  C		LAST	15. MOTHER'S MAIDEN NA FIRST  Johanna	WE		AST
3 3	16a \	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCI.	AL SECURITY NO		ADDRI		1911
Pogo and		YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES) 217-2	22-5220	Mrs. Josephin	ne Cala Sar	ne	
hysician copert cool.			anly one cause per line for (a) SED BY:		in the second	O Outu Du		XIMATE INTERVAL NONSET AND DEATH
requires that	TION				UT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART I	
he low r on. has bee t permit. ene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERA	ION WAS PERFORMED	YES NO	IN CERTIFYING CAUSE	
PHYSICIAN: The ending physicio physicio this certificate is burial-transit at Mental Hygie d or Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MON	ITH DAY YEA		RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 7)	
ING PHYSIC ir ottending After this cer os the burio Ith and Ment	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY		21f LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
spital or CTOR: Af for use of Healt		220.1 certify that (I) (this has saw the deceased alive		19 89	and that in (my) ( <del>oor</del> ) apinion	death occurred on the d	ate and haur and from th	, that (I) (we) las ne causes stated
AL OR A the ho (AL DIRE: detoched ote Dept.		STE SIGNATURE				MEDICAL STA	FF _	TE SIGNED
o Hospital etoined by th TO FUNERAL should be deto with the Stote		22d PHYSICIAN'S NAME (TYPE Edward M. Mi		HEAR A	11 E. Chase	Street Bali	imore.	Marular
PP		BURIAL, CREMATION, REMOVA (SPECIFY)		1.7.042	F CEMETERY OR CREMATORY  Oly Redeemer	23d LOCATION CITY OR TOWN	COUNTY Maryl	STATE
		UNERAL DIRECTOR	-15107-303	PIOSC IR	250 Pr	Baltimore	PREGISTRAR'S SIGNA	
DHMH - 16 50M 4/83 (VRA 15, 4)	I	Jeonard J. Ruck	Inc. Baltimo	re, Mar		CHE C I N	120000000000000000000000000000000000000	

CRI CAPPA

1	STATE REGISTRAR	MEDICA		CERTIFICATE O		5 2
eng3	TYPE OR PRINT)	RST MIDDLE LIZABETH	(	CAMPBELL	DEATH MATED 3	30 19 85
RY, PLEA DIRECTC OUR FILL ON STRE	Female Whit	5 DATE OF BIRTH MONTH DAY YEAR	63 YRS.	JNDER 1 YR. IF UNDER	PRONOUNCED DEAD 3	30 19 85 8:31
<b>見訳と言葉</b>	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  CITY OR TOWN OF DEATH	U.S.	WIDO	RRIED NEVER MARR		ty M
PAG PAG	Baltimore	(IF NOT IN SUCH FACILITY, GN 329 S. Stir	nson Ave.	THEK INSTITUTION	FOR MOST OF WORKING LIFE) Waitress	OR INDUSTRY
AND SECTION IN THE PROPERTY OF	Md.	OUNTY 13c. C	ITY OR TOWN	13d. INSIDE CITY AIMITS? YES NO	329 S. Stinson	21223
	FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDE	WIDDLE	LAST
TO TO I	i, Was deceased ever in u. (yes, no, or unknown) (if ye Unkn •	S. ARMED FORCES? s, GIVE WAR OR DATES	OCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
We in Perul In Them I was a commend of the Carl Examiner Along Burial - Transit Permi Anton, or removal.	PART I DEATH WAS C IMM  Canditions, if any, gave rise to imme cause (a) stating the y lying cause last.  PART 2 OTHER SIGNIFICANT CONC	MEDIATE CAUSE (a) Alco	Oholism Onsequence of Onsequence of	ASE OR CONOITION GIVEN IN PA	RT 1 (a).	APPROXIMATE INTÉRVAL BETWEEN ONSET AND DEATH
E WORD "PENDING" THE CHIEF MEDICAL TO BE USED AS A BU MENT OF HEALTH AN TO BURIAL, CREMAT	190. DATE OF OPERATION		DR WHICH OPERATION			20 AUTOPSY? YES □ NO 🛣
HIS CERTIFICATE WRITING THE W ARROED TO THE AGE 3 SHOULD ATE DEPARTMEN TO PRIOR TO I		HOUR A.M. MON' E OF DEATH P.M.	TH DAY YEAR  19 RY (ATHOME, 21f. L	OCATION STREET	CITY OR TOWN	COUNTY STATE
EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAN STATE DEATH OF THE STATE DEPARTMENT OF	220. I certify that I taak death resulted fram: ACTUAL SIGNATURE	Ann M. Dixon, M.	nt , Suicide	Homicide TITLE (SPECIFY) M.D. Assistant	Undetermined manner .	ATE GNED 3-30-85 Md. 21201
BP	BURIAL, CREMATION, REMO (SPECIFY)  Removal  FUNERAL DIRECTOR	VAL 236 DATE 23 4/10/85	k. NAME OF CEMETERY		23d, LOCATION CITY OR TOWN REC'D. BY REGISTRAR 25b. REGISTRAR	COUNTY STATE
DHMH - 17 /R A15 ME (5)) 20M 4/B2	Anatomy E	Board	Balto., Md.	APR	1.2 1985 Ser	

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3	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0 5 3 4
	ECEASED NAME FRST	MIDDLE J.	CANTY	20. DATE OF DEATH	O. MONTH DAY YEAR 126 HOUR 3
1.5		Black_	DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	
99"	USA	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	45 11	more City ME
DAY OF	saltimore lity	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)		126 USUAL OCCUPATE (TYPE OF YORK FOR MOST O	
Ę 130	STATE 136 COU	Dalto			ear Ave 21217
mox 160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	MIDDLE 1 ACIDAL	ESMc Kean Avenue
medico 160		216-03-9			imore, Maryland 2121
y, ar other traumatic	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO B	ptec sur	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
8 shows any injury,	194 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
morked or Item 18 sho	OR CONTRIBUTING CAUSE OF DI  (IF EITHER NOTIFY MEDICAL EXAMINI  21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK	HOUR A.M. MONTH DA	19 211 LOCATION	RRED (ENTER NATURE OF INJU	
ANT: If Item 21 is		To heen	DEGREE  ATTENDING PHYSICIAN  123- ADDRESS	MEDICAL STAI	ote and hour and from the couses stated  770 DATE SIGNED  FF  4 20/60

DHMH - 16 60M 7/B4

Funeral Home, Inc. (VRA 15, 4)

Burial

230 BURIAL, CREMATION, REMOVAL 4/26/1985

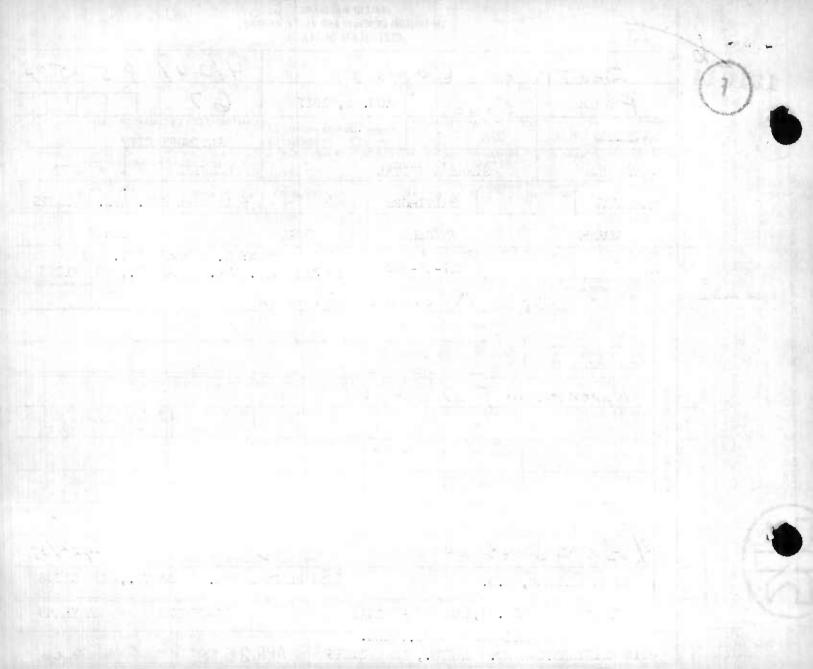
234. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park

23d. LOCATION CITY OR TOWN

COUNTY Baltimore, Maryland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

2501 Gwynns Falls Parkway Baltimore, Maryland 21216 24 ANNELALERE CORSons

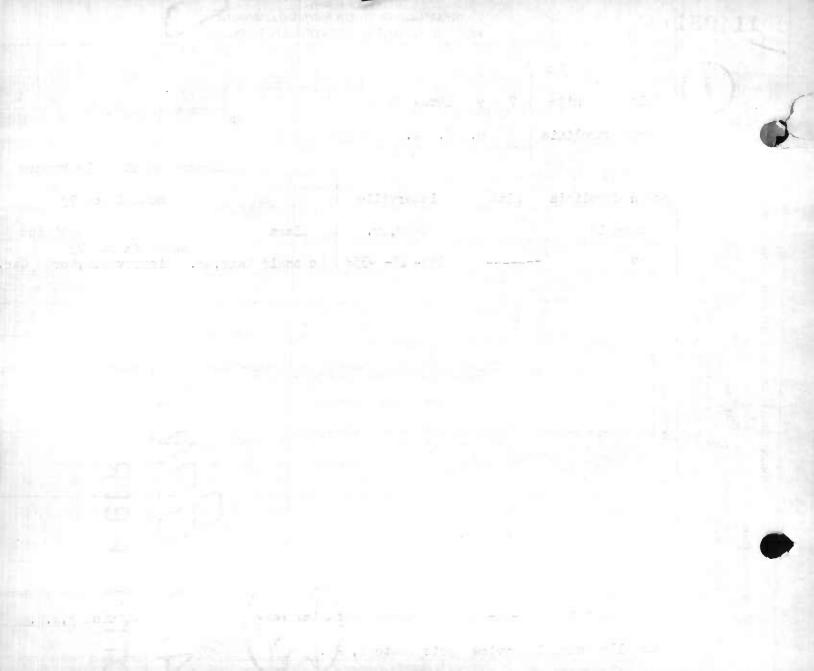
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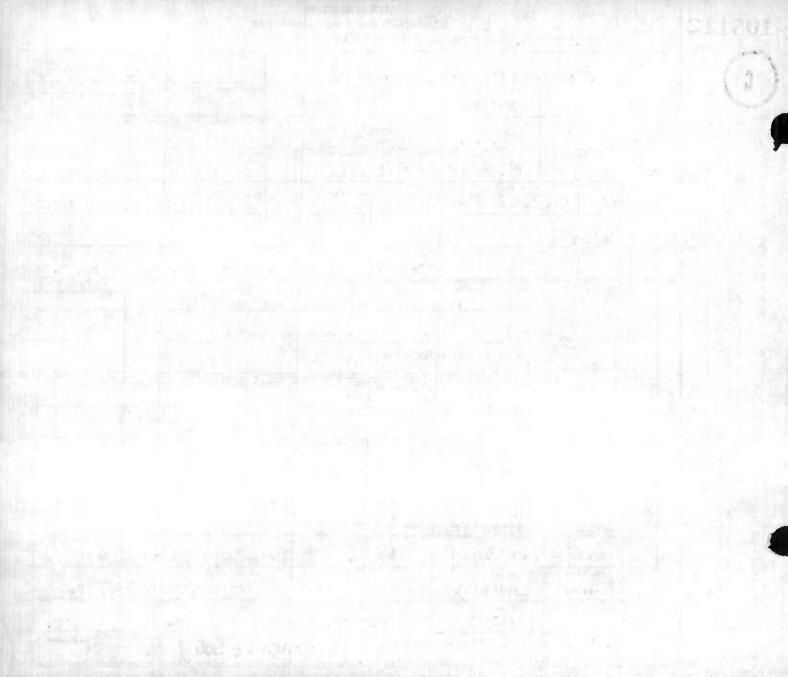
#G604-6/18/85



114051	1.	FOR			STA		ARYLAN		YGIENE	0 5 3	3 /	
LLAUDI		STATE REGISTRAR		MEI	DICAL EXAMIN	NER'S C	ERTIFIC	CATEO	F DEATH	REG. NO.		
	1. DE	CEASED NAME	FIRST		MIDDLE		LAST		20. DATE	KNOWN K MO	ONTH DAY YEAR	Zb. HOUR
Mai A	(TYP	E OR PRINT)	McDon	lld.		Ca	rr, Jr	_	OF DEATH	ESTI-	4/ 17/19 85	5
39591	3. SEX	4 R	ACE	5. DATE OF BIRTH	6. AGE (IN Y	EARS IF UN	DER 1 YR.	IF UNDER	24 HRS. 2c. DATI	MON	NTH DAY YEAR	
- SHEET	M	ale	White	7 9	1962 22 y		S DAYS	HOURS	MIN PRONOU DE AL	NCED	4/ 17/19 8	5 P M
A Para	70 81	RTHPLACE (STATE		76. CITIZEN OF WE		Te.		/50 · · · · DD//	9. BALTIA	AORE CITY OR CO	OUNTY OF DEATH	DII W
IS NECESSAR IS NECESSAR E. S. FOR ED. WITH		reign country) orth Car	olin.a	U.	S. A.	WIDOW	ED NEV	DIVORCE		imore Ci	tv	MD.
W. S.		TY OR TOWN OF			PITAL, NURSING HOM	É, OR OTH	ER INSTITUT	ION		PATION (TYPE OF W		BUSINESS
ANY DELAY IS NAND 3 TO THE FLEE PRING PAGE 5 HOULD BE FILED.	1	Baltimo	re /	Sinai Ho						ce Agent	Insura	
1 Cepy 3	USUA Lin S	L RESIDENCE (##	NURSING HOME O	OR OTHER INSTITUTION, GI	13c. CITY OR TOWN	ION)	134: INSIDE CI	TV HMITCS	13e STREET ADDR		4999	6
ANNY AND RETA HOULD		rth Caro		Pitt	Wintervi.		YES 🗌	NO DO	TISE STREET ADDR	Route#2	2 Box 75	
Q CONSTANT	13.11	THER'S NAME		MIDDLE	LAST		15. MOTHE	R'S MAIDE	N NAME	WIDDLE	LAST	
m Knazy /	1	McDonald		THOUSE .	Carr, S	c •		ara			Robin	nson
MOR PAGE ORW	16a. V	AS DECEASED EN	ER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURI	Y NO.	17_INFORM	TANT	R	outeres#2	Box 75	
IS ALTIMORE IS AFIE DEA INTH FORM P I. PAGES I AN DIVISION CRA	1	NO OR UNKNOWN)	_		239-13-	4352	McDo	nald	Carr, Sr.	Winterv	ville, Nort	th Car.
: 5,63,40		18. CAUSE OF DI	ATH (Enter an	ly ane cause per line	far (a), (b), and (c).)						APPROXIMA BETWEEN ON	TE INTERVAL
PRESTON ST ITHIN 24 HOUR CIL IN ITEM 18. KER ALONG WANNST PERMIT AL HYGENER REMOVAL.		PARTICEATE			Arterioscl	eroti	c Card	diovas	scular Di	sease	7	
ESTO IN 24 IN IT IN IT ALC MOV				DUE TO, OR	AS A CONSEQUENCE	OF						
A A NEW YEAR			if any, which ta immediate	(b)								
A PEN W		cause (a) sta lying cause le	ting the <u>under</u> -	DUE TO, OR	AS A CONSEQUENCE	OF						
EXECUTED IN PRICAL IN PRICAL EVALUATION, CONTRACT IN PRICAL EVALUATION, CONTRACT IN PARTION, CONTRACT IN PARTICULAR IN PARTION, CONTRACT IN PARTICULAR IN PA				(c)								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO. RITING THE WORD "PENDING" IN PENCIL IN ITEM IS RED TO THE CHIEF MEDICAL EXAMINER ALONG RES SHOULD BE USED AS A BURIAL. TRANSIT PERMIS TO PRARTMENT OF HALTH AND MENTAL HYGIENE, TO PERIOR TO BURIAL, CREMATION, OR REMOVAL.	-	PART 2 OTHER SIGNIF	CANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASI	DR CONDITION	GIVEN IN PAR	T 1 (a)			
A AS A A	CERTIFICATION	190 DATE OF OP	CD 4 TION	Tue cours								
SHOULD ORD "PE USED / TOF HE U	CA	IND DATE OF OP	EKATION	196 CONDII	ION FOR WHICH OPE	RATION W	AS PERFOR!	WED?			2D AUTOPS	
F VITA  TE SHO  WORD  WORD  BE CHILD  BE US  BURL	E	71a EXTERNAL C	ALISEWAS	21b. TIME OF	INTERV	121. HC	NA/ INTH IRV	OCCUPPE	) (ENTER NATURE OF IN	(IIIDV Ib) (TEM 18 8 40V )	YES X	NO [
CERTIFICATE TING THE WASTED TO THE DEPARTMENT PRIOR TO EN	0	UNDERLYING	OR	HOUR A.M	MONTH DAY YEA		JAN IIAJOKI	OCCURRE	) (ENTER NATURE OF IN	JORT IN TEM IS PART I	OR PART 2)	
STIFE SHOOT TO PAR RIOR RIOR	MEDICAL	CONTRIBUTING		DEATH P.M	OF INJURY (ATHOME.	211 10	CATION					
DIVISIC HIS CERTII WRITING ARDED 17 AGE 3 SH ATE DEPA	WE	WHILE N	OT WHILE		ORY, FARM, ETC.)		TREET		CITY OR TO	NWC	COUNTY	STATE
DIVISION DE CETTIING CETTIING COULD BE FORWARDED TO COULD BE FORWARDED TO COULD BE FORWARDED TO COULD BE FORWARDED TO COULD BE FORWARDED FOR THE FORMARTIAND, 21201 PRICE COURT OF THE F		AT WORK A	TWORK									
SHE SAN		220 I certify th	at I taak charg	e of the remains des	cribed abave, held an	Autop	sy X.	Inspection	, Inquiry	, and in n	ny apinian	
MERCE E	1	death resulted f	ram: Natu	ral caus X.	Accident, S.	uicide 🔲	, Hamic	ide	Undetermined m	anner		
A MED CER	1	ACTUAL		M			TITLE (SF			0	ATE //10	105
SERNE T	1	SIGNATURE	-/			M	D, ASS	ıstanı	MEDICAL EXAM	MINER SI	ATE 4/18	/ 85
957899	1	EXAMINER'S NA	ME G			-		2.7	D (1)			
TO MEDICAL EXAMIN EXECUTE THE CERTHIC PAGE 4 SHOULD BE FOR INSERT DIRECT AFTER DEATH WITH THE BALLMORE MARPLAI	133.0	(TYPE OR PRINT)			auffman, M				Penn St			
MANGAM	230.8	URIAL, CREMATIO	_	4-21-85	Pinewoo				CITY OR TOWN	TO4 ± ±		STATE
444 48PTY	24 F	JNERAL DIRECTO		1-21-0)	1 THEWOC	d Hell			EC'D. BY REGISTR		County, N.	, U ,
DHMH - 17 (VR A15 ME (5))		NAME		ADDRESS	Dad at a mat.				2 2 1985	F .	Ison-Randall	2
20M 4/82	4.7	TENTIO I	mieral	pervice	Reistersto	JWI I	10.	/11 11	2 2 1300	4	,	



1/2/		1-	FOR STATE				MENT OF H	ALTH		ENT AL HR		1 (	) 5	3	8		
Yan	0025		REGISTRAR	- PAY	MEI		XAMINE			CATE OF	DEATI	4	REG. NO.				
<b>110</b>	Anco Onco		CEASED NAME E OR PRINT)	MALISS	A FRA	MIDDLE	2		ARR I NO	STON	- 1	OF E	STI- X X	MONTH 4	6 <sub>1</sub>	YEAR 85	7b. HOUR
y, P.E.A	OUR FILES 177 HOURS 10N STREET,	J. SEX	MALY C	PA, AS	DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)		DER TYR.	IF UNDER 2		DATE DNOUNCE DEAD	D	MONTH 4	6	85	2d. HOUR 9:32
		70 B	RTHPLACE (STATE OF		CITIZEN OF WE		RY? 8	MARRI		VER MARRIEI DIVORCEI			imore		OF DE		(IVI
ZA ZA	PACE BE FILE OS COMPACE COMPAC	10 C	TY OR TOWN OF DE	ATH 1	1. NAME OF HOS	PITAL, NUR	SING HOME, (				12a. USUAL	OCCUPAT	ION (TYPE O	F WORK 1	Zh KINE	O OF BUS	
21201 ANY DE	M. 3. RETAIN PAR M. 3. RETAIN PAR D. 2. SHOULD BE FILE ITAL RECORDS. 20	USUA 13a. S	L RESIDENCE (IF IN N			13c CITY			13d INSIDE CI	ITY LIMITS?	30 STREET	ADDRESS	ikmo		Aud	2.1	215
RE, MD.	PM 3.	/	THER'S NAME FIRST		WIDDLE Smi		AST		15. MOTHE	R'S MAIDEN		MIDDI	LE pur	m	LA		
BALTIMORE, MD.	TH FORM AGES 1 VISION OF	16a V	VAS DECEASED EVE ES, NO, OR LINKNOWN)		D FORCES?		IAL SECURITY I	10.	Mes C		5 144	MAU	ADDRESS	70	2. ALCO	1215	- Aug
N 5:	PENDING" IN PENCILIN ILEM IS. GIVE PAGES I REMOTING EXAMINED ALONG WITH FORM PAGE AS AS BURIAL - TRANSII PERMIT. PAGES I AND THE ALTH AND MENTAL HYGIENE, DIVISION OF MILL CREMATION, OR REMOVAL.		Conditions, if gove rise to cause (a) statin lying couse los	MAS CAUSED B IMMEDIATE ( any, which immediate ig the under-	CAUSE (a) Ar  DUE TO, OR  (b)	terio as a cons		tic	cardi	ovascu	lar d	iseas	5e		BETWE	RÖXIMATE I EN ONSET	NIERVAL AND DEATH
DIVISION OF VITAL RECORDS, S. CRATFICATE SHOULD BE EXECT	MEDICAL AS A BUR EALTH ANI CREMATII	NOI	PART 2 OTHER SIGNIFICA		ITRIBUTING TO DEATH I	BUT NOT RELAT	EO TO THE TERMINA	L OISEASE	OR CONDITION	N GIVEN IN PART	Tia						
AITAL RI	MOKD HE CHIEF A BE USED OF HE CHIEF A BUND OF HE CH	CERTIFICATION	19a. DATE OF OPER	PATION	19b. CONDIT	ION FOR V	VHICH OPERAT	ION W	AS PERFOR	MED?					1	TOPSY?	ХХои
ION OF	OR TO THE W	MEDICAL CER	CONTRIBUTING	OR CAUSE OF DEA		. MONTH	19			OCCURRED	(ENTER NATU	IRE OF INJURY	IN ITEM 18 PAR	T I OR PART	2}		
DIVIS THIS GER	A A A A	MED	21d INJURY OCCU WHILE NO AT WORK AT	T WHILE D	21e PLACE C STREET, FACT	ORY, FARM, ETG	(AT HOME.		TREET		CI	TY OR TOWN		COUN	1TY		STATE
AL EXAMI	HECEKIIN HOULD BE RAL DIRECT ATH, WITH RE, MARYU		220. I certify that death resulted fra ACTUAL SIGNATURE		of the remains described to the remains descri	Accident	re, held on Suici	Autops de	y . Homic TITLE (S		Undeterm	ined mann	er ,	DATE SIGNED		/85	
O MEDIC	PAGE 4 S TO FUNE AFTER DE BALTIMOI		EXAMINER'S NAMI (TYPE OR PRINT)	Mar	garita A	. Kore				111 Per			Balto	.,MD	212	201	
07/84 BF 25M		24. F	URIAL, CREMATION, PSECON BURIAL UNERAL DIRECTOR NAME SEPH		1-11-85 ADDRESS	M	ARYLAU	U A	197 C	PRY 250. DATE RE APR		PARL	P.C.	RAR'S SHO	Grant In	10 STA	re
(AK	(0)/	-	WEFT F	10400	24450	יוטעף ע	- 1 24 1	1 57 %				1					



20M 4/82

STATE OF MARYLAND

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bristman, created at

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST (TYPE OR PRINT) CHARLI	MIDDLE	CARTER	20 DATE OF DEATH MONTH	19 85 M
-	Male	4 RACE Black	5 DATE OF BIRTH  MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 74 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
5	70 BIRTHPLACE (SLATE OR FOREIGN VIRGINIA	76 CITIZEN OF WHAT COUNTRY?	MARRIED A NEVER MARRIED WIDOWED DIVORCED	Balto. City	Y OF DEATH MD.
-	Balto.	(IF NOT IN SUCH FACILITY, GIVE STREET AVE	. /	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b KIND OF BUSINESS OR INDUSTRY
2	Md.	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE JUSTY OR TOW Balto.	N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 2000 Odell Ave	. 21237
-	14 FATHER'S NAME FIRST Robert 160 WAS DECEASED EVER IN U.S. A	Carter  RMED FORCES? 166 SOCIAL SECU	15 MOTHER'S MAIDEN NA FIRST  Mattie  RITY NO. 17 INFORMANT	ME MIDDLE ADDRESS	Blandes
		INVESTIGATES TO SOCIAL SECO	RITINO. IT INFORMANT	ADDRESS	
	PART I. DEATH WAS CAUS	poly ane cause per line for (a), (b), and ED BY.  ATE CAUSE (a)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE	Morby I	Infustra .	PEPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SOMEWITS  20 year
	NO	CONDITIONS CONTRIBUTING TO D	<u>DEATH</u> BUT NOT RELATED TO THE TERM		
	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NOW IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \( \text{NO} \)

OR CONTRIBUTING CAUSE OF DEATH 22b. SIGNATURE 230. BURIAL, CREMATION, REMOVAL (SPECIFY) BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON 57., BALTIMORE, MARYLAND 21201

21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (I) (this haspital) attended the deceased fra saw the deceased alive an abave, (I) (we) (did) (did not) view the bady after death

211 LOCATION

DEGREE

ATTENDING

CITY OR TOWN

COUNTY STATE

and that in (my) (aur) opinian death accurred at the date and haur and fram the causes stated

MEDICAL STAFF
DIRECTOR PHYSICIAN

(IF EITHER NOTIFY MEDICAL EXAMINER

231. NAME OF CEMETERY OR CREMATORY

HOUR A.M. MONTH DAY YEAR

23d LOCATION

CITY OR TOWN

COUNTY

22c. DATE SIGNED

STATE

24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4)

Anatomy Board

Removal

23b. DATE

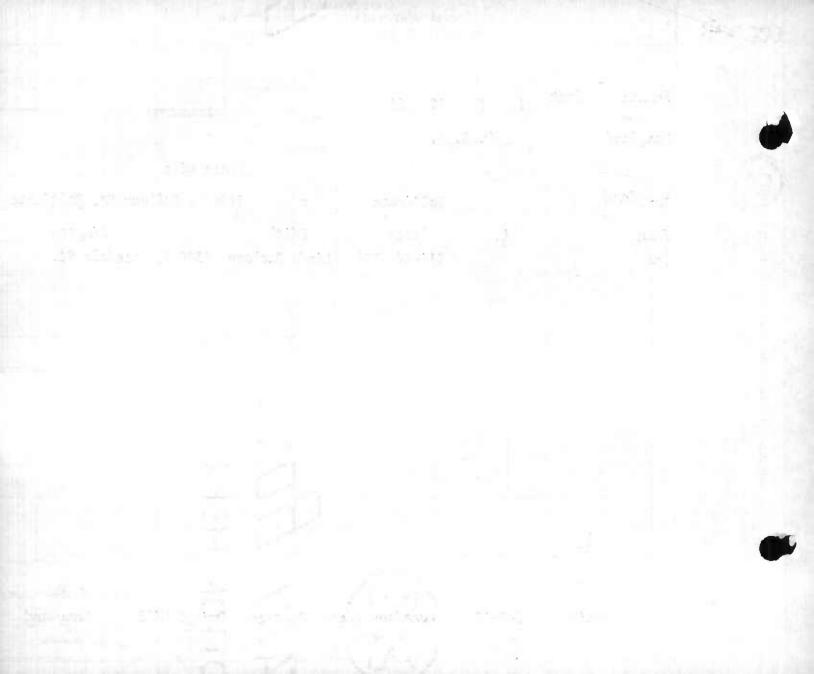
4/19/85

ADDRESS Balto., Md. MAY O

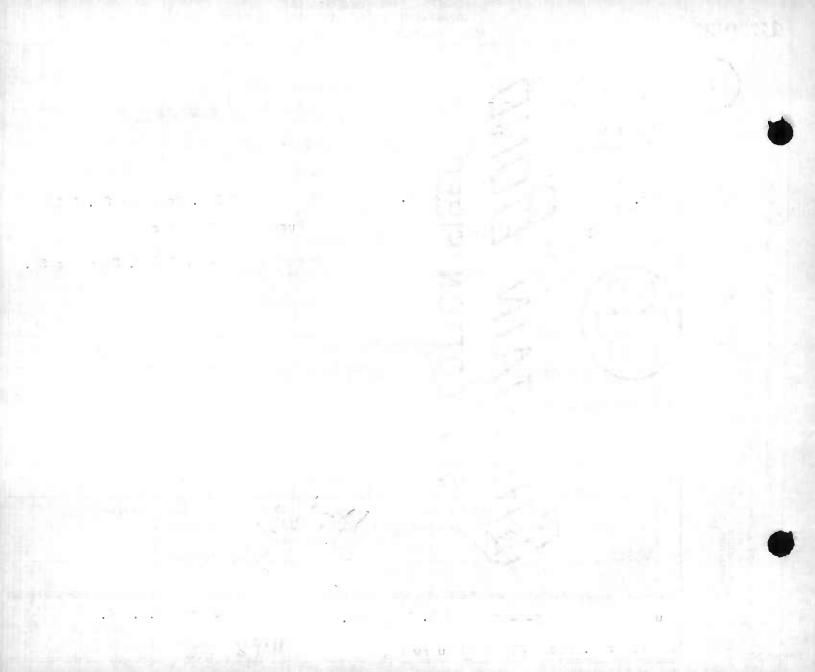
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

WAY US MIX John Submitted

23096	1-	FOR STATE REGISTRAR				MENT OF I		AND M	ENTAL H			O C	0.4	2		
30000	1. DE	EASED NAME	FIRST		WIDDLE		L	AST		2	o. DATE	(NOWN 5	MONTH	DAY	YEAR	26. HOUR
13 2 . 6 S E	(TYP	OR PRINT)	ELEANC	)R			CA	RTER			OF DEATH	ESTI-	1	29 1	985	M
E SE	3. SEX	4 RACE	5.	DATE OF BIRTH		6. AGE (IN YE	RS IF UND	ER 1 YR.	IF UNDER	24 HRS. 1	c DATE		HTHOM	DAY	YEAR	2d HOUR
IS NEGSSARY, PLEASE FILINERAL DIRECTOR. E.E. FOR YOUR FILES. IOW PRESTON STREET,	Fe	nale Blo	ack 1	MONTH DAY	19	66 YE		DAYS	HOURS		RONOUN DE AD		4			11:10 P M
CESSARY GERAL DIR OR YOU IITHIN 72	7a. BI	RTHPLACE (STATE OR REIGN COUNTRY)	7b	. CITIZEN OF WH	AT COUNT	RY?	8. MARRIE	D X NE	VER MARRIE	ED 🗆 9	BALTIM	ORE CITY	OR COUN	NTY OF DE	ATH	
	Ma	ruland		u. s.	. A.		WIDOWE		DIVORCE			imore	-	4		MD.
TANGET IN	1D. CI	TY OR TOWN OF DEA	TH 11	I. NAME OF HOSE			, OR OTHE	R INSTITU	TION	FOR MI	OST OF WORK	ATION (TY	PE OF WORK		D OF BUS INDUSTR	
10 mg		Baltimore		Lutherar						Hou	se wi	he				
S COULD S	USUA 130, S Ma	RESIDENCE (IF IN NUR	SING HOME OR O	THER INSTITUTION, GIV	13c. CITY (	sëfore admission OR TOWN <b>timore</b>	ON)	13d. INSIDE C	NO [	13e. STRE	et addre	ss Calho	oun S	212 t. Ba	iltin	nore
Enn's	14. FA	THER'S NAME		AIDDLE		AST		15. MOTH	ER'S MAIDE	NNAME	MI	IDDLE		LA	AST	
A SEE SEE	Fn	ank	~	L		reen			dith		M			Simps		
AGES		AS DECEASED EVER I	IN U.S. ARME[ (IF YES, GIVE WAR	D FORCES? R OR DATES)	16b. SOCI	AL SECURIT		17. INFOR	nant a Jack	rson	2300	N. K	s Rosed	lale S	St.	
WITH PAG		18 CAUSE OF DEATH	H (Enter only o	one cause per line	for (o), (b),	and (c).)								APPE	ROXIMATE EEN ONSET	INTERVAL AND DEATH
A SWA		PART I DEATH WA	AS CAUSED B'	Y: CAUSE (a) Art	erios	sclero	tic c	ardic	vascu	lar d	disea	se				
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO RRING THE WORD "PENDING" IN FENCIL IN ITEM IN REDED TO THE CHIEF MEDICAL EXAMINER ACONG SE 3 SHOULD BE USED AS A BURRAL. RANSIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, OF RRIOR TO BURAL, CREMATION, OR REMOVAL.			MMEDIATE	DUE TO, OR												
AL ANSITA		Conditions, if or		(6)												
MAN AND AND AND AND AND AND AND AND AND A		gove rise to couse (a) stating		DUE TO, OR	AS A CONS	SEOUENCE (	OF.									
N K K K P		lying cause last.		(6)												
AND		PART 2 OTNER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEATH 8	UT NOT RELAT	ED TO THE TERM	INAL DISEASE	OR CONDITIO	N GIVEN IN PAR	lT 1 (a).						
USED AS A BUT OF HEALTH A DRIAL, CREW	N N	1.7														
	Ę	19a DATE OF OPERA	TION	196 CONDIT	ION FOR V	VHICH OPER	ATION W	S PERFOR	RMED?					2D AU	JTOPSY?	
PA Z	I													YE	ES 🗌	NOX
DEPARTMENT OF HI IT PRIOR TO BURIAL,	CERTIFICATION	210. EXTERNAL CAUS		21b. TIME OF		DAY YEAR		W INJURY	OCCURRE	D (ENTER N.	ATURE OF IN	URY IN ITEM 18	8 PART I OR I	PART 2)		
SR T		UNDERLYING CONTRIBUTING	AUSE OF DE		MONIA	19										
PRIC	MEDICAL	21d. INJURY OCCURR	RÉD	21e PLACE C		(AT HOME,	21f, LOC	ATION			CITY OR TOY	A/b.l		OUNTY		STATE
	×	WHILE NOT Y		SIREET, FACT	ORY, FARM, ET		51	REE			CITORIOV	N IN		JUNIT		SIATE
7, 21201		220 I certify that I		f the remains day	ribed aba-	a held an	Autops		Inspection	X	Inquiry		and in my	oninion		
AN				₹ <b>7</b>	Accident		icide .	Hami-			rmined ma		ina in inty i	эрлион		
AFTER DEATH, WITH THE SALTIMORE, MARYLAND,		death resulted from:	Natural	causes K.	Accident	LJ, 50	icide [],			Undete	minea ma	inner	,			
×. §	1	ACTUAL M	NG	XX	-				specify) Istant		C 41 EV.	1.150	DATI		-30-8	15
NE.	,	SIGNATURE	-	1		1	M.	D HOO!	Carl	MEDIO	CALEXAM	INER	SIGN	JED 7	20 0	
TIME	0"	EXAMINER'S NAME (TYPE OR PRINT)	Ann M	1. Dixon	M.D.			ADDRESS_	111 P	enn s	St.,	Balto	)., M	D 21	201	
BA	230.B	URIAL, CREMATION, RE				IAME OF CE				23d. LOC	CATION		co	DUNTY	, ST	ATE _
	(:	Buria	e	5-3-85	Ga	rrison	For	est C		ry O	wings	s Mil	e	May	ryla	nd
	24. F	UNERAL DIRECTOR	0	ADDRESS	1.11	7 1 1	1.	4	250. DATER	REC'D. BY	REGISTRA	R 25b REC	SISTRAR'S	SIGNATU	IRE	
i))		Bailey	Nou	years	1348	Cal	now		MM	12	1985	d				
/82		- T. C.														



1/1	FOR			DEPART	STATE MENT OF HE	OF MA			WGIEN	. 1	0 5	5 4	3		
387 1-	STATE REGISTRAR				EXAMINE						REG. NO	0			
	CEASED NAME	FIRST		WIDDLE		LAS				20 DATE N	NOWN X		DAY Y	YEAR 2	2b. HOUR
	PE OR PRINT)	Franc	cis			Car	ter			OF DEATH	MATED [	4/	27/19	85	M
3. SE	X	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	R 1 YR.	IF UNDER	24 HRS	20 DATE	CED	MONTH	DAY	YEAR	TO'T
	emale	Black	3-1-19		83 YRS.	MONTHS	DATS	HOURS	MIN	DEAD		4/	27/19	85	A <sub>M</sub>
	Mary Lane		76. CITIZEN OF W	HAT COUN		MARRIED IDOWED		/ER MARRI			imore	_	TY OF DEAT	TH .	MD
10. C	Balti		11. NAME OF HO (IF NOT IN SUCH F. 795 W.	ACILITY GIVE 51	rsing HOME, C treet address) Loga St.	ROTHER	INSTITUT	ION		AL OCCUP MOST OF WORK		PE OF WORK	12b. KIND O OR INC	OF BUSI	INESS
	AL RESIDENCE STATE Md.	IF IN NURSING HOME	OR OTHER INSTITUTION, G		OR TOWN		. INSIDE CII	TY LIMITS?		EET ADDRES		oga	St. 21	[ 20T	
14. F	ATHER'S NAME FIRST Bi.	l1y	Willian		LAST	15.		R'S MAIDE usan			iams		LAST		
	WAS DECEASED	EVER IN U.S. AR			IAL SECURITY N	0. 17.	INFORM	ANT			ADDŖESS				
	no	1					Dor	cia T	* * * * *	Bates	795	W. S	aratog	sa S	t.
NOI	gove ris cause (a) lying cau	SNIFICANT CONDITIONS	(b)	R AS A CON	ISEOUENCE OF	. DISEASE OR	CONDITION	I GIVEN IN PAI	RT 1 (a),						
2 2	190 DATE OF	OPERATION	196 COND	ITION FOR	WHICH OPERAT	ON WAS	PERFORA	MED?					20 AUTO		
CAL CERTIFICATION	UNDERLYING	L CAUSE WAS		M. MONTH	DAY YEAR	21c HOW	INJURY	OCCURRE	D (ENTER )	NATURE OF INJU	JRY IN ITEM TO	PART T OR P	YES		№ 🕅
MEDICAL	21d INJURY C	CCURRED NOT WHILE [ AT WORK		OF INJURY CTORY, FARM, ET		NE LOCAT				CITY OR TOW	/N	cc	YTAUC		STATE
23a.1	death resulted  ACTUAL SIGNATURE  EXAMINER'S (TYPE OR PRIN	NAME Gree		Accident auffma	Suiciden, M.D. NAME OF CEMEN Zion (	M.D.	DRESS_	PECIFY) Lstant	Under	Inquiry ermined mon ICAL EXAM OR St. CATION OR ISON	INER	DATE SIGN	4/27	7/85 STAT	
24 5	LINERAL DIREC	TOR			-	-	2	250. DATE R			256. REGI	ISTRAR'S	SIGNATURE		
	Charles	A. Rice	FSPA 130	0 Euta	aw Pl.			MA	Y 2	1985	1	e Laure	Son-Ra	noces	٤



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH 26 HOUR William LIYPE OR PRINTS Henry Carter Carton 9:00 am 1-15-85 9:00a M 3 SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY VIDER I VEAR MONTH YEAR male white 19 Ja. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED Baltimore City Arkansas 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Baltimore Baltimore WPHS 3100 Wman Park Drive
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Military Retired 130. STATE Har ford 136 CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland Edgewood 61) Lacewood Dr 210/10 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE EAST MIDDLE Deimer Allen Carter Virginia 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Edgewood, Md. 21040 LYES, NO OR UNKNOWN HEYES, GIVE WAR OR DATEST Mrs. Luise K. Carter, 614 Lacewood Drive Yes Korea APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line force), (b), and (c) PART I. DEATH WAS CAUSED BY 30 ---IMMEDIATE CAUSE (o) Canditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Troste CA 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? trostate cicinoma NOF YES T 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (I (this hospital) attended the deceased from 15 19 85 , and that in 1 y) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS d b Morga- II ma or 10 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE April 18,1985 Cratin-Ferris Crematory W. Chester Cremation Pa. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Davidson Randole Howard K. McComas III Abingdon, Md. 21009 (VRA 15, 4)

STATE OF MARYLAND

## STATE OF MARYLAND

0 5 4 5 .

)	1 -	STATE REGISTRAR				CERTIF	CATE OF DEATH	REG	. NO.		
022		CEASED NAME OR PRINT)	FIRST	NJAMIN	Housto	n CAS	KIE	20 DATE OF DEATI	MONTH	DAY YEAR	26 HOUR 6-20M
A)	1. SE)	Male		RACE White		5. DATE C	e 8, 1900 e 8	6 AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
136	7a Bi	aryland	FOREIGN	_	WHAT COUNTR	Y? 8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CIT			MD
44		TY OR TOWN OF DEA			HOSPITAL, NUR CHEACILITY GIVE STR MEMORI A		ROTHER INSTITUTION	12a USUAL OCCUP (TYPE OF WORK FOR MC Asst. Tr	ST OF WORKING		Tel.
35	13a. S	AL RESIDENCE (IF NUR. TATE  ryland	13b. COUN	other institution ity imore	GIVE RESIDENCE BEF	ORE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRE	ss/zipcc Ridge	ODE Ct. 2120	)4
xygunjos	С	THER'S NAME FIRST larence		wiDD18	Cask		15. MOTHER'S MAIDEN NA FIRST Anna	Louis		Ho	ouston
e medicol	16s V	(AS DECEASED EVER ES. NO OR UNKNOWN) NO		WED FORCES? E WAR OR DATES)	166 SOCIAL SE 488-10		Mrs. B.H.Ca				
moval.		PART I. DEATH V	AS CAUSE	ly one couse pe DBY: E CAUSE (o)	r line for (0), (b),					BETWEEN	MATE INTERVAL ONSET AND DEATH
please remove cor urial, cremation, a , or other traumat		Conditions, if ony gove rise to im couse (o), stati underlying couse	mediate ng the lost	(b) DUE TO, C	OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF A CONSECUTI	DUENCE OF	Renal Fa		ONDITION (	GIVEN IN PART IN	0.
print. Then prior to be sony injury	ICATION	hu 19a DATE OF OPERA	per	calcen	ua-		N WAS PERFORMED	200 AUTOPSY?	20b. IF	YES, WERE FINDIN	NGS USED
To Hand	AL CERTIFIC	21a. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF OEA	TH HOUR A	OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUP	YES NO		YES []	NO []
rked or I	MEDICAL	21d. INJURY OCCUR	RED	21e PLACE	OF INJURY TREET, FACTORY OFFK		21f. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
of Healt		220   certify that (1	deliber on	4/	f 19		od that is (my) (our) opinion	, to , death occurred on the	e date and l	hour and from the	
XAL OREC OFFICE DESC AFFICE DESC TATE DESC TAT		224 PHYSICIAN'S N	The	-	,	m	ATTENDING PHYSICIAN 1720 ADDRESS		STAFF YSICIAM (	22c DATE	SIGNED
should be with the S		22d PHYSICIAN'S N ROBERT			).		To Head	ORIAL HOSP	ITAL		
n 3 <u>&lt;</u>		BURIAL, CREMATION (SPECIFY) ation	, REMOVAL	236. DATE 4-2-8.		Greenm	emetery or crematory ount	Baltimor	e Cit	COUNTY	Md⁴.
50M 4/83		UNERAL DIRECTOR	iedofa	J d UOm	ADDRES	is Zomla Do	25a. DA	TE REC'D. BY REGIST	1 / 1.	Jacydson-	fandell.

74 FUNERAL DIRECTOR
Mitchell-Wiedefeld HOme 6500 York Road 21212

DHMH - 16 50M 4/83 (VRA 15, 4)

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

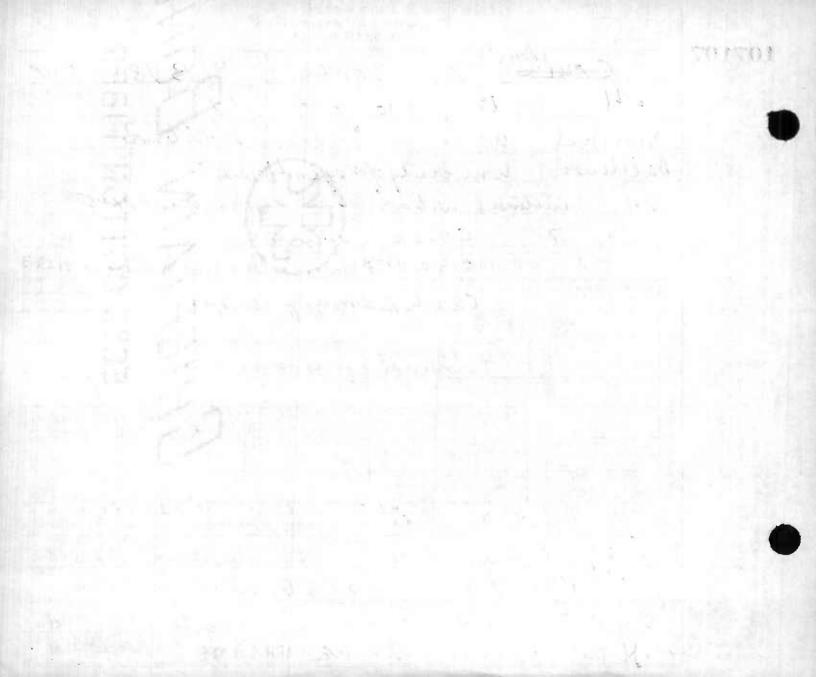
)56	1 -	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG	IEÑE REG. N	0.	-1 0	
		EASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH		AY YEAR	26 HOUR
1/		MARJOR	IE R		SELL	APRIL 20			3:41
3.	SEX	FEMALE	4 RACE BLACK		OF BIRTH  1, 1920	6 AGE (INYEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HI
7	a BIF	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OHNTRY? 8		9 BALTIMORE CITY C	YRS.	OF DEATH	
27 5	C	napolis, MD.	U.S.A.	MARR	IED NEVER MARRIED DIVORCED N	BALTIMOR	_		
	0. CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME	OR OTHER INSTITUTION HOSPITAL	120 USUAL OCCUPAT TYPE OF WORK FOR MOST C			F BUSINESS
475.7	30 S	L RESIDENCE (IF NURSING HOME COU	NTY 1130 CIT	DENCE BEFORE ADMISSION Y OR TOWN LIMORE	134. INSIDE CITY LIMITS?	B. STREET ADDRESS.	/ ZIP CODE ngda]	Le Ave	1216 nue
No miner		THER'S NAME BOTEE	MIDDLE AC	lams	15. MOTHER'S MAIDEN NAME NAME NAME NAME NAME NAME NAME NA	ME MIDDLE		Jon	res
aedicol P	6a W	AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SO	CIAL SECURITY NO.	Mr. Michael	Cassell		Garri	son F
‡ =		IA CAUSE OF DEATH (Enter o	nly one couse per line for	ro). (b). dind (c).)	111. 111011401	. 0400011	1,747		MATE INTERVAL ONSET AND DEA
vent		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY: TE CAUSE (0)	rdiac 1	Amest			10	) Mun
umotice		Conditions, if ony, which	DUE TO, OR ASIAIC	ONSEQUENCE OF	Bleed			10	day.
r other tro		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A C	PEONE U	lier			u	seeks
injury, o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBL	TWURZ	IT NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	N IN PART 1	0
yno swo	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	OF DEATH?
- /	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MC	ONTH DAY YEAR	The same of the sa	RED (ENTER NATURE OF INJU	RY IN ITEM AS PA	RT I OR PART 2)	
d or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	P.M.  21e PLACE OF INJU (AT HOME STREET FACTO		211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
orked	<	WHILE NOT WHILE AT WORK		16	6	1	10/2		6
21 is m		220 I certify that ( (this hasp sow the deceased alive a above, (I) (we) (did) (did n	4./2	0 19 5	and that in (my) (our) apinion (	death occurred on the d	ote and hour	ond from the	tha (1) (we)
II. If Hen		22b. SIGNATURE	udslehart	III.	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN X	271. DA/E	SIGNED D
IMPORTANT:		1220 PHYSICIAN'S NAME, TYPE	Gerart	MO	270 ADDRESS	pkins to	مو		
>	12. 0	URIAL, CREMATION, REMOVA	21 DATE	123c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION			
2		Burial	4/23/85	St. Ar	ns Cemetary	Annapoli	s, Ma	rylan	d

DHMH - 16 60M 7/8 (VRA 15, 4)

S 12 25 25 S

		1.	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IEÑÉ REG. N		
107	107		CEASED NAME FIRST T	HMES MIDDLE	CAULK		MONTH DAY YEAR 3 185	26 HOUR 8:25PM
ge 4 moy b ector. poge	urs atter d	3. SE	M.	4 RACE B	DATE OF BIRTH  MONTH DAY YEAR  10 7 05	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYEAR MONTHS DAYS	IF UNDER 24 HRS
deoth, Po	The har	7a. B	Varyland	usa	MARRIED NEVER MARRIED NIDOWED DIVORCED	Bal	EWSLE	MD
oursofte, in by the f	eheirfied	10 6	alitemon	11. NAME OF HOSPITAL, NURSING  (IF NOT IN SUCH FACILITY, GIVE STREET ADI  OTHER INSTITUTION. GIVE RESIDENCE BEFORE AD	by of Moryland	12a USUAL OCCUPATE		OF BUSINESS OR
4	should be	130	STATE 136 COUN	TY- 13c CITY OR TOWN			ZIP CODE RLYS	f122
utec	S S S S S S S S S S S S S S S S S S S			MED FORCES? TIES SOCIAL SECURI	K Magg	MIDDLE	Unkuo	ku
e be exec	he medicol		YES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES] 2/501	9938 Mable Com	lle - 1117 w	Mulhey Sa	MATE INTERVAL
certificot	r removol		PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), and (b) BY: E CAUSE (a) Carroll	pulmonary	Callege	BETWEEN	ONSET AND DEATH
that the death	ose remove co al, cremation, o r other troumat		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c) Termun	CE OFA	es cell Go	remone lun	y
requires en signeo	or to burie	NOIL		ONDITIONS CONTRIBUTING TO DE			/	4
The low cron. e hos be	Sit permit	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH O		200 AUTOPSY? YES NO	20b. IF YES, WERE FINDII IN CERTIFYING CAUSES YES	
rSICIAN: ing physicertificot	Aentol Hy	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	HOUR A.M. MONTH DAY P.M.	YEAR 19 216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITÉM 18 PART I OR PART 2)	
or offer this	os the by	MEC	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FAR)		CITY OR TO	115	STATE
ATTEND nospitol o	ot, of Hec		sow the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATURE	ol) attended the deceased from	ond that in (my) (our) opinion of	death occurred on the do		
by the PERAL DIR	Stote De		Soug C F	apuls N		MEDICAL STAI DIRECTOR PHYSIC	FF . 1//	13/85
retoined TO FUN	with the Stot	230 1	PAPU  SURIAL, CREMATION, REMOVAL	CHTS	2 2 S G-V	ree of 57	Balx, M	Ю
BP	^	234 F	SPECIAL DIRECTOR	236. DATE 236. NA	t. aufum	Belt	COUNTY  REGISTBAR'S SIGNAT	"med"
DHMH - 16 (VRA		her	s. N. Portel	= 1206 W. Ne	ith ark APF	_	Sa Davidson-0	andell

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



130	- :	OR STATE				MENT OF HE	ALTH	ARYLAND AND MENTA ERTIFICAT			0	5 4	3		
	. DEC	EASED NAME OR PRINT)	CORNEI		WIGGIE	EXAMINE		HANNING	EOFDE	20 DATE KN	REG. NOWN } ESTI- MATED [	_	DAY 8	YEAR 19 85	26. HOUR
S S S S S S S S S S S S S S S S S S S		emale	White	5. DATE OF BIRTH DAY 4 23	YEAR 38	6. AGE (IN YEARS LAST BIRTHOAY) 46 YRS.	IF UN		DER 24 HRS	PRONOUNC DEAD		MONTH	DAY	YEAR 19 85	2d HOUF 4:15
新名手器へ 〇	FOR	THPLACE (STATE EIGN COUNTRY)  Massa Y OR TOWN OF	chusett			V	VIDOW		ORCED 5		imore	- e Cit	У		. ME
OCK HAS	В	altimore		11. NAME OF HOSE (IF NOT IN SUCH FACE  12 Palm OTHER INSTITUTION, GIVE	er Gr	reen Ct.		EK INSTITUTION	FO FO	SUAL OCCUPA * MOST OF WORKIN Profess	G LIFE)	PE OF WORK	OR	ND OF BUILDING OF	YS
	3a. ST	Md.	13b. COUNT		13c. CITY	OR TOWN		YES NO		12 Palm		Green	Cou	rt 2	1210
X		THER'S NAME FIRST Walter AS DECEASED EV	/ED INTIL C A SAN	MIDDLE		nning		15. MOTHER'S MERITAL FIRST EL.	eine	MIDC			ylor		
	(YE	S, NO, OR UNKNOWN) WRKR.	(IF YES, GIVE W		218	3-38-116				Channir		\$322 (New Yorks)	ork,		
AL, CREWATION, OR	NC	cause (a) sta lying cause l		DUE TO, OR A		NSEQUENCE OF	LOISEASE	OR CONDITION GIVEN	IN PART 1 (a).						
PRIOR TO BURIAL, O	MEDICAL CERTIFICATION	19a. DATE OF OP	ERATION	196 CONDIT	ION FOR	WHICH OPERAT	ION W	AS PERFORMED?						UTOPSY?	ио 🔽
23	ICAL CER	210. EXTERNAL C UNDERLYING CONTRIBUTING	OR CAUSE OF D		MONTH	19		OW INJURY OCCI	URRED (ENTE	ER NATURE OF INJUR	Y IN ITEM II	8 PART 1 OR PA	URT 2)		
	MED	21d INJURY OCC WHILE NAT WORK AT WORK	OT WHILE T	21e PLACE C STREET, FACTO				TREET		CITY OR TOWN		со	PUNTY		STATE
		22a I certify the death resulted for ACTUAL SIGNATURE		e of the remains described causes [X].	Accident			Hamicide TITLE (SPECIF	Υ)	Inquiry Eletermined mann	ner .	nd in my aj , DATE SIGNE	4	-9-8!	5
AFTER DEATH, WITH TI BALTIMORE, MARYLAI	30. BL	EXAMINER'S NAI (TYPE OR PRINT) (RIAL, CREMATION	Auti	M. Dixon		NAME OF CEME		ADDRESS		St., E	Balto	O., Mo			AYE
			oval	4/10/85					ATE REC'D, I	BY REGISTRAR		SISTRAR'S	SIGNATI	URE	ATE
(5))		Anat	omy Boar		Ва	alto., M	d.	AF	'K 11	1985	tuha	Davidso	n-90	ndelle	

PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft

TO HOSPITAL

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

-5	/	
1	22008	

campletely filled in by the functors and 2 should be filed within 72

## FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

U	3	6-3	1

US	REG	ISTRAR		CERTIFICATE OF DEATH  REG. NO.								
(:	1 DECEASI	ED NAME	Eric	George	Ch	arlton	2a. DATE OF DEATH		3:10 A			
2	3. SEX	ples	4 RAC	Bard)	5. DATE O		6. AGE (IN YEARS LAST BIR		EAR IF UNDER 24 HRS			
96	TO BRITADO		7b. CIT	IZEN OF WHAT COUNTRY		D NEVER MARRIED	9. BALTIMORE CITY O	COUNTY OF DEATH	<b>1</b>			
O/Pied	B	all	me "	AME OF HOSPITAL, NURSI NOT INSUCHTACILITY SIVE STREE	T ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST C		D OF BUSINESS OF			
35	13a STATE	2	136 COUNTY	NSTITUTION GIVE RESIDENCY BEF 134. CITY OR TO	ADMISSION)	13d INSIDE COY LIMITS? YES NO [	13e.STREET ADDRESS	ZIP CODE	2/1:			
	14 FATHER	11M	know	CHARL	_	15 MOTHER'S MAIDEN NA	rougher	FF	EAST			
e medico		OR UNKNOWN)	(IF YES GIVE WARD		GO 37	17 INFORMANT 312	D Stand	2 Brell	W 3122			
c event, th	18 C	AUSE OF DEA	WAS CAUSED BY:  IMMEDIATE CAU	couse per line far 101, (b), a ISE (0) <u>Cardin</u>	- Rest	inchary a	arrest	BETW	ROXIMATE INTERVAL FEN ONSET AND DEATH			
or ather traumati	gav	nditians, if on the rise to it se (a), star lerlying cou	mmediate ting the	UE TO, OR AS A CONSEOL  (b) M & CR  UE TO, OR AS A CONSEOL  (c) C C C C C C C C C C C C C C C C C C C	SOTIC JENCE OF LICE OF	acidosis Renel fail	uso					
injury.		Diase	GNIFICANT CONDI	tions contributing to	DEATH BUT		unal disease or con	<sup>24</sup> >				
dows on 9	TIFIC	ATE OF OPER		CONDITION FOR WHIC	H OPERATIO		200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	SES OF DEATH?			
Item 18 s	OR C	EITHER NOTIFY ME	CAUSE OF DEATH	B. TIME OF INJURY HOUR A.M. MONTH ( P.M.	DAY YEAR	21c. HOW INJURY OCCU	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I ORPART	2)			
rked or	Q 21d.	INJURY OCCU		e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE		21f. LOCATION STREET	CITY OR TO		STATE			
n 21 is mo		saw the deced abave, (I) (we)	ased alive an	tended the deceased from Amid 26(8 Mm) 199 the bady after death.	, a	nd that in (my) (aur) apinion						
T: If Item		SIGNATURE	ta S,	Sho_			MEDICAL STA	FF	ATE SIGNED			
IMPORTANT: IF	2 2d.	PHYSICIAN'S I	NAME (TYPE OR PRINT)			22e ADDRESS						
· VI	(SPEGE	mun	N REMOVAL 236	DATE 236	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION BY OR TOWN	~ mcount	STATE			
M 7/84 4)	M FUNER	AL DIRECTOR	monden	eral Hone 32	0024	north % 150. DA	R 29 1985	256. REGISTRAR'S SIGI	-fandele			

	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
ISTRAR	CERTIFICATE OF DEATH

STATE OF MARYLAND	· ·	0	3	Jan
ARTMENT OF HEALTH AND MENTAL HYGIENE	t	V	4148	90
CEPTIEIC ATE OF DEATH				

- 1.	- STATE REGISTRAR			DEPARTMENT OF CERT	IFICATE OF DEAT	TH	REG. NO.		
1.1	DECEASED NAM	E FIRST	MIDDLE		LAST	2a. DAT	OF DEATH MONTH	DAY YEAR	2b. HC
3 1	YPE OR PRINT}	EDIT	H	CH	Lase		04	14 A	6.
3.	SEX	E !!!	4. RACE	S. DATE	OF BIRTH	6. AGE	(IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE.	AR IF UND
	Fomo 1		Plant	MON		YEAR	0.0	MONTHS DAY	5 HOURS
70	Femal BIRTHPLACE		Black	COUNTRY? 8		0.3 P. BALTI	82 y	JNTY OF DEATH	1
17	COUNTRY)			MARR	IED NEVER MARK	RIED 🖳	DeFt	n 1010 (	-: t
1141	Delawar CITY OR TOWN		11. NAME OF HOSPIT	WIDOV			AL OCCUPATION		OF BUS
30	C 13	A	I IF NOT IN SUCH FACILIT	TY, GIVE STREET ADDRESS)	ON OTHER WASHINGT	(TYPE OF	WORK FOR MOST OF WORK		
10		X	Lincoln OR OTHER INSTITUTION, GIVE RES		scent Hon	ne			
35 13	a STATE	13b CO	UNITY 13c. CI	ITY OR TOWN	134 INSIDE CITY L		ET ADDRESS / ZIP		
	Marylan		F	Baltimore			W. Sara	toga S	t. 2
14.	FATHER'S NAM	E	MIDDLE	LAS	15. MOTHER'S MA		MIDDLE		LAST
20	John	1	Bur	ley	Lizz			?	
160	WAS DECEASE		ARMED FORCES? 166 SC	OCIAL SECURITY NO	17 INFORMANT		ADDRESS		
/	NO	(11 123.0		+-14-0221	L-A Mary	Martin	1600 W.	Mount	Roya
	III. CAUSE O	F DEATH (Enter	only one couse per line for			/			OXIMATE IN
	PART I. D	EATH WAS CAUS	SED BY:	Car Dia	e anex	A			
		IMMEDI	ATE CAUSE (0)	4.77	0-1-1	candia	KROUNE	ar di	
-00	a tu		DUE TO, OR AS A	CONSEQUENCE OF	arterio	The state of	, ,,,		eea
		if ony, which to immediate	DUE TO, OR AS A	CONSEQUENCE OF	for he	me.	7 00 € 0000		eea
1 2	gove rise	to immediate stating the	(b)	CONSEQUENCE OF	fail	me.	des		ee.
	gove rise cause (o), underlying	to immediate, stating the cause last	DUE TO, OR AS A	CONSEQUENCE OF	al va	is cula	n dire	ene	
Z	gove rise cause (o) underlying	to immediate, stating the cause last	(b)	CONSEQUENCE OF	al va	is cula	n dire	ene	
NOITA	gove rise cause (o) underlying	to immediate, stating the couse last	DUE TO, OR AS A  (c)  T CONDITIONS CONTRIB	CONSEQUENCE OF	al va	s cula THE TERMINAL DIS	L AUSE  ASE OR CONDITION  UTOPSY? [206.	OGIVEN IN PART	Tra DINGS U
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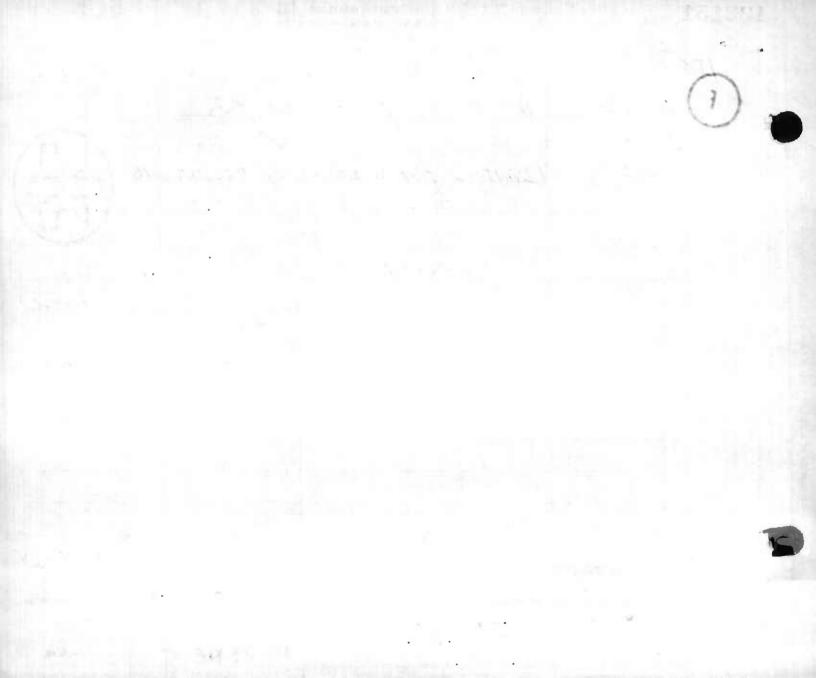
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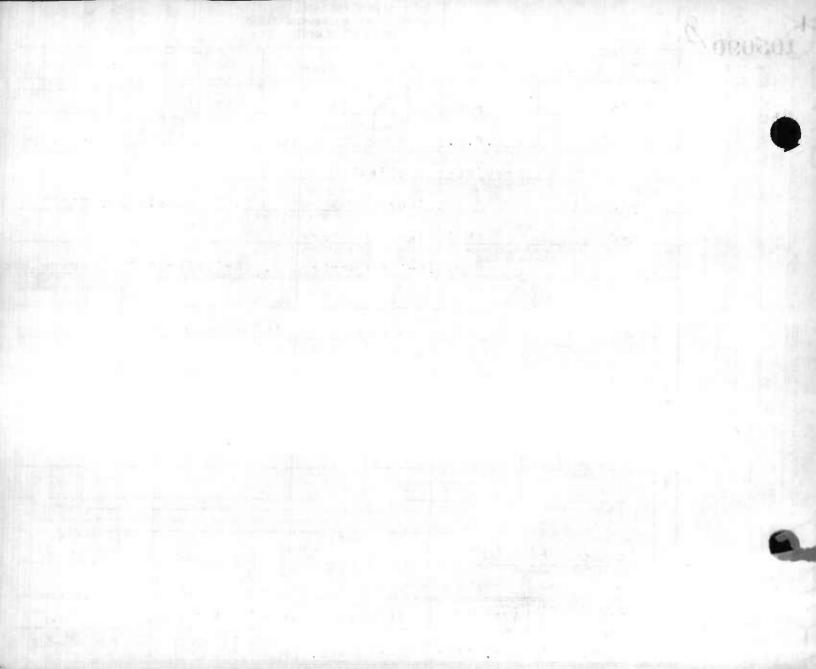
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MARYL ed within mplete) and 2:	1.6	MIDDLE BANNES 15. MOTHER'S MAIDEN NAME  NOTHER'S MAIDEN NAME  MIDDLE	FAISON
MORE, MA		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS YES, NO OBJUNKNOWN) 11 YES, GIVE WAR OR DATES)  215-30-978/ hrs Delia Sines 829 E. Co	HS princ, LA. 2/2/2
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Print Print 2		sow the deceosed olive on 19, ond that in (my) (our) opinion death occurred on the date of the e) (did) (did not) view the body after death.	
£ 0 =		DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	N D 22c. DATE SIGNED
HOS ouned bould b		22d. PHYSICIAN'S NAME ITYPE OF PRINTED SELL NO FINE 220 ADDRESS SOIO YOUL ROAD	BAT MAZINZ
PP	23a.	BURIAL, CREMATION, REMOVAL 23b. DATE 186 NAME OF CEMETERY OR CREMATORY 23d LOCATION CHECKEN CONTINUE C	to to mid
DHMH - 16 50M 4/B3	24.5	UNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS	
(VRA 15, 4)	U.	oseph L. Russ 2322W, North Ave, APR 12 1985	ndell



STATE OF MARYLAND



5090 ×	1.	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE REG. NO	0 5 5 3	
		CEASED NAME FIRST	MIDDLE	ŁAST -	26. DATE OF DEATH	MONTH DAY YEAR	2h HOUR
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Te o	3. SE	X 4. R	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR	
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Morified Mirror		ALTIMORE 11.	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AT Provident Ho		128 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		OF BUSINESS OR
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or Item	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TO	wn county	STATE
morked	2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FAI	RM. ETC ) STREET	CITTORIO	WN	STATE
E	18	220 I certify that (I) (this hospital)	ottended the deceased fram	4-9-51- 19	10 4-G-C	( 19	, that (1) (we) last
21 is			4-9-8- 19	, and that in (my) (aur) opinion	death occurred on the do	ate and haur and Iram th	e causes stated
E		above, (I) (we) (did) (did nat) vi 22b. SIGNATURE	ew the body after death.	DEGREE		22c. DAT	ESIGNED
=		basella M.	Malo	ATTENDING PHYSICIAN [	MEDICAL STAF		9-4-
Z		22d. PHYSICIAN'S NAME (TYPE OR PRI	INT)	22e. ADDRESS Page			
MPORTANT		KRISHAN	MATHUR	Baltin	ose Mo	oshidol	
M M M		BURIAL CREMATION, REMOVAL 2		AME OF CEMETERY OR CREMATORY  1 timore Cemeter	23d LOCATION CITY OF TOWN  Baltimo	re, county	Md. STATE
50M 4/83		UNERAL DIRECTOR		250 DA		256 REGISTRAR'S SIGNA	ATURE
, 4)	W	m C March F/H	Inc. 1101 E	North Ave.	14 1 0 1382	C C ST ST ST	- Hondall



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN KT (TYPE OR PRINT) Charles Christy DEATH MATED Kirk 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE 5:38 P M LAST BIRTHOAY PRONOUNCED 17/85 May 22,1913 Male White 71 Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR FOREIGN COUNTRY) 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TENEVER MARRIED U.S.A. Maryland WIDOWED [ DIVORCED Baltimore City 18. CITY OR TOWN OF DEATH 17n LISUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS Truck Driver Railway Ex. Baltimore Union Memorial Hospital
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY YES X NO 3812 Elkader Rd. Maryland Baltimore 21218 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIODLE LAST FIRST Kirk Charles Christy Coulbourn Mary MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. **ADDRESS** 21214 (YES, NO. OR UNKNOWN) Herbert L. Christy, 3510 Woodlea Av 215-09-9230 No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) ASA CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [ NO W DEPARTMENT PRIOR TO BU 210 EXTERNAL CAUSE WAS 716 TIME OF INTURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 71f LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3. AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, FTC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK Inspection K 27a I certify that I took charge of the remains described above, held an and in my opinion death resulted from: Notural couses Accident Undetermined monner TITLE (SPECIFY) ACTUAL DATE SIGNED 4/18/85 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. 23a BURIAL CREMATION REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial Apr. 20, 1985 New Cathedral Baltimore Md. ROBERT CR. ALTENBURG FUNERAL HOM, E, INC 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** 6009 Harford Rd., Balto., Md. 21214 (VR A15 ME (51)

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STATE OF MARYLAND

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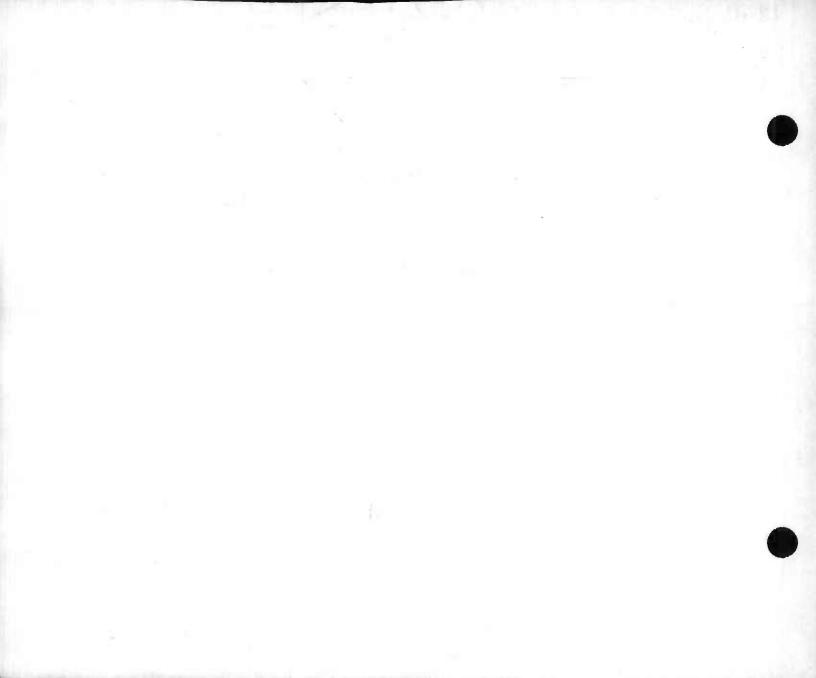
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1241	1 -	STATE 4/29/00	rja DE		ICATE OF DEATH	REG. NO.		
7		CEASED NAME FIRST OR PRINT)	JOHN	R CI	ARK · Sr	2a. DATE OF DEATH M	ONTH DAY YEAR S	26 HOUR 8.40PM
	3. SE	X	4 RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
d e g e s		Male	White	MONTH	DAY YEAR	65 ld ld 11	YRS	HOURS MIN.
orh. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	MARRIE	NEVER MARRIED			
de 2 4	10 C	Maryland ITY OR TOWN OF DEATH	U.S.A.	WIDOWE		Baltimor	e City	MD. BUSINESS OR
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	CERT	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY		но []
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OR ATTEN te hospital DIRECTOR: oched for us Dept. of He f frem 21 is			nat) view the bady after death			n death occurred on the date		
		22b. SIGNATURE	Oracla 0		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE S	AL CO
_ 6 4 4		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSICIA	and 40	1185
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She of she will be she of the she		BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION		
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(VRA 15, 4)			ck Inc. Baltii	more, Mar	yland A	PR 2 2 1985	- Andread	and offe



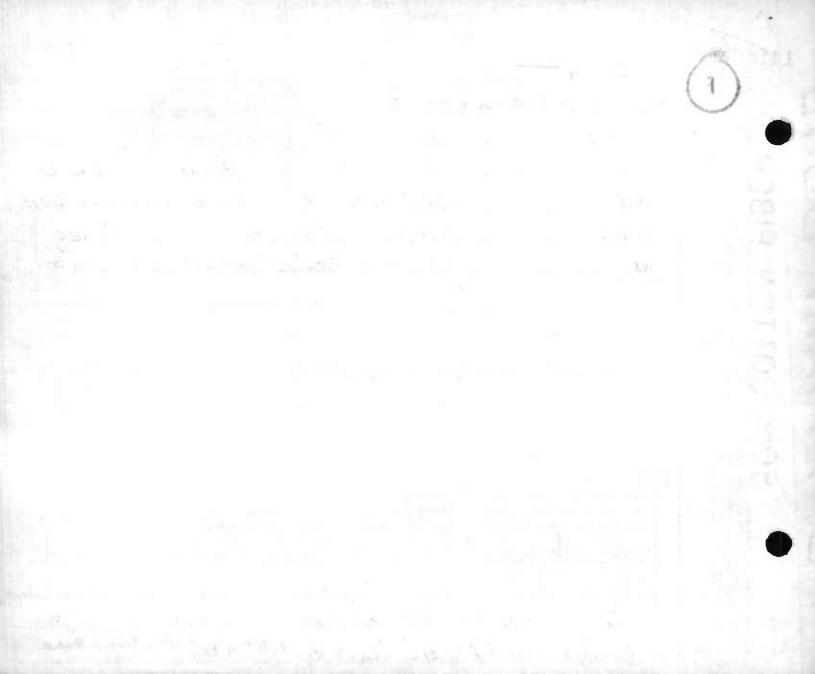
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STATE OF MARYLAND

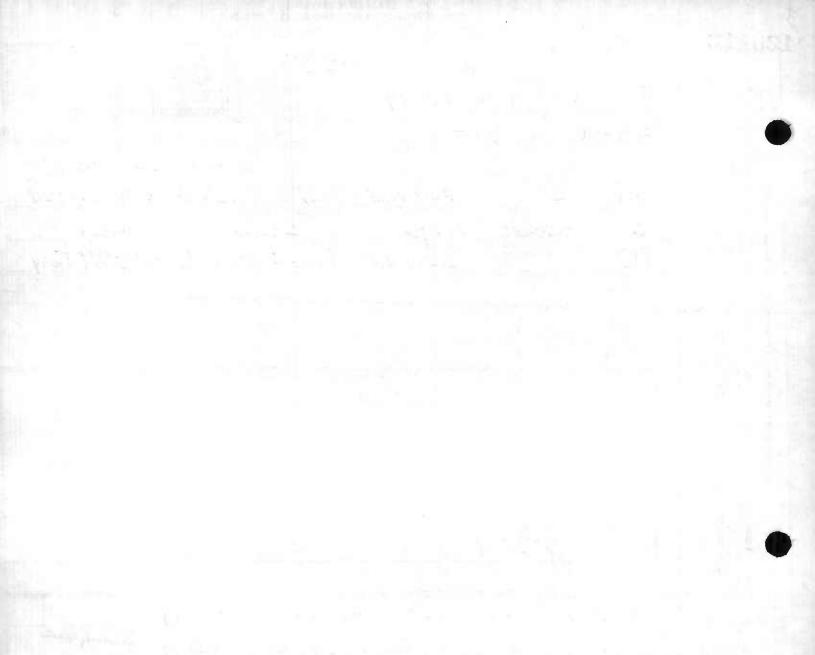
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

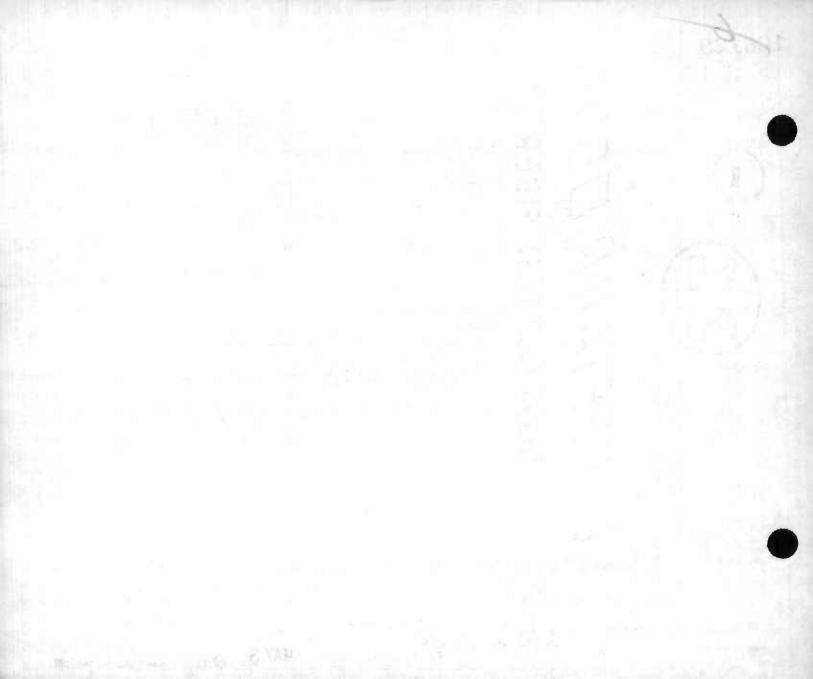
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11900		VPF OR PRINT)	MONTH DAY YEAR 26. HOUR
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D. 21201 F ANY DE S. AND 31 S. RETAIN S. MCULD S. MCULD	13a. S	STATE 136. COUNTY 134. CITY OR TOWN 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS YES 12 NO 1 2700 E. Prest	ONSt. 21213
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N ST., BALTIMA HOURS AFTER M 18, GAVE PA NG WITH FOR RANT, PAGES FRE, DIVISION		(IF YES, GIVE WAR OR DATES)  213 60-3987 DENISE CLAY TON 2700 E. F  18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)	PRESTON SE,  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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AL RECORDS, OULD BE EXEC OULD BE EXEC OUT BE THE MEDICAL HEF MEDICAL HEF MEDICAL HEF MEDITH ANN HALITH ANN HAL	CERTIFICATION	PART 2 DIMER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
DIVISION OF VITAL RECORNAMER: THIS CERTIFICATE SHOULD BE ED FICATE, WRITING THE WORD "PENDIN BE FORWARDED TO THE CHIEF MEDICATOR, PAGE 35 HOULD BE USED AS A HOULD STATE DEPARTMENT OF HALLTH.  I THE STATE DEPARTMENT OF HALLTH.  I AND STATE DEPARTMENT OF HALLTH.  I AND STATE DEPARTMENT OF HALLTH.	MEDICAL CERTIF		YES 🛣 NO 🗆
DIVIS THIS CER WARDED PAGE 3 S TATE DEP	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  21d. INJURY OCCURRED  STREET, FACTORY (ARM, ETC.)  21l. LOCATION  2801 St. Lo Drive ITY OBA-I timore	e, Maryland STATE
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE. WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		death resulted fram: Natural causes , Accident , Suicide . Hamicide X Undetermined manner ,  ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	DATE 4-10-85
TO MED EXECUTI PAGE 4 TO FUN AFTER D BALTIM	23a. E	EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street  (IYPE OR PRINT) ADDRESS  BURIAL CREMATION, REMOVAL 236 DATE 234. NAME OF CEMETERY OR CREMATORY CRY OR TOWN, CRY OR TOWN.	COUNTY STATE
07/84 BP		FUNERAL DIRECTOR  ADDRESS  ADD	RAR'S SIGNATURE



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SONT.		CEASED NAME FIRST	WIDDIE	-	LAYTON	2ª DATE KNO OF EST DEATH MAT	WN MONTH	27/19 85 25 HOUR
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TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE & SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGING AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120			<b>D</b>	Suicide	Homicide TITLE (SPECIFY)  A.D. Assistan	Undetermined monner	ond in my opin  DATE SIGNED	E/2/0E
Bb———	(3	JRIAL, CREMATION, REMOVAL 236. D	PATE 23c. NAME OF		OR CREMATORY	23d LOCATION SYORTOWN BATO: No	OUNT	
DHMH - 17 (VR A15 ME (5))	B	UNERAL DIRECTOR WARE URGEL-HENSS FUNER	AL ADDRESS 363/ FAL	Ls Rel 2	250. DATE !	REC'D. BY REGISTRAR 251	b. REGISTRAR'S SIC	SHATURES





Chatman-Harris 1701 McCulloh St.

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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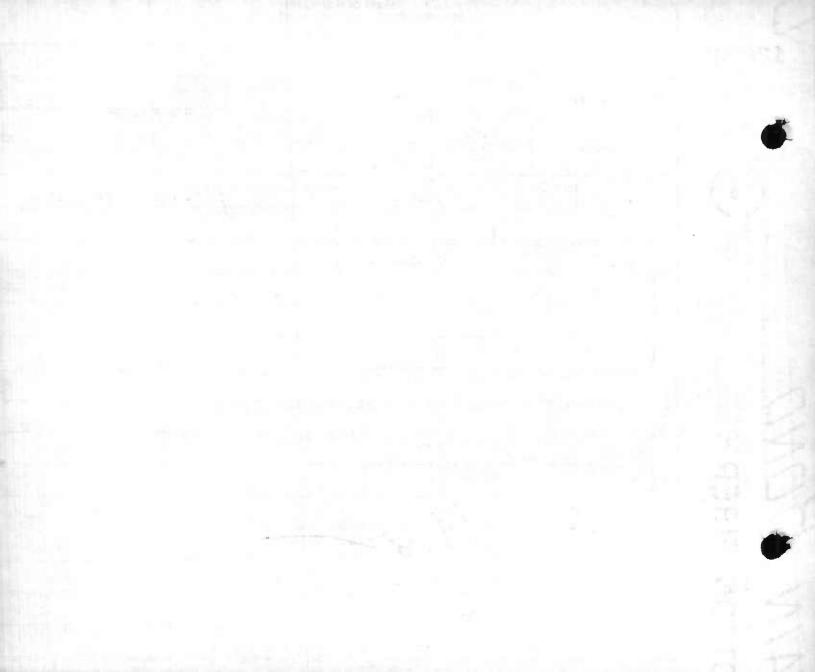
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by DATE OF DEATH



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	REGISTRAR		MED		XAMINE	R'S C	ERTIFICA	TE OF DE	ATH	REG. N	0.			
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3. SE	x lale	4 RACE White	5. DATE OF BIRTH MONTH DAY	YEAR	62? YRS.	MONTH.		INDER 24 HR	PRONOU DEAL	NCED	MONTH 4-	DAY	YEAR 19 85	24 HOU 5:1
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	Baltimore		11. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 815 N. Calvert St., A				HER INSTITUTION 120 USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)							
USU			OR OTHER INSTITUTION, GIV	13c. CITY			13d. INSIDE CITY AT	13e S	TREET ADDR	ESS	ert S	t.	2120	2
14. F	ATHER'S NAME		MIDDLE	ı	AST		15. MOTHER'S FIRST	MAIDEN NA/	AE	WIDOLE		L	AST	
	WAS DECEASED YES, NO, OR UNKNO UNKN.	DEVER IN U.S. ARI	MED FORCES? WAR OR DATES]		IAL SECURITY N		17. INFORMAN	Ť		ADDRES	5			
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TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREA	210. EXTERNA UNDERLYING CONTRIBUTION	CAUSE WAS	HOUR A.M.					CURRED (ENT	ER NATURE OF IN	DURY IN ITEM 18	PART I OR PA		ES 🗌	NO [X
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) 24. 1	FUNERAL DIRECT NAME Ana	tomy Boa	rd	Bal	to., Md		APR 9	6 400	DI REGISTR	AK ZJB KEG	ISTRAK'S S	LONAIL	JKE W	



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL - STATE CERTIFICATE OF DEATH REGISTRAR

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ERMINAL DISEASE OR C	ONDITION GI	VEN IN PART TIG	
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YES NO	Zh YI	ES 🗌	NO 🗌
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CITY O	RTOWN	COUNTY	STATE
5 , 10 April	0 10	19.85_, th	at (I) (we) lost
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diffice diffi	Jore and not		
		22c. DATE S	IGNED
	STAFF YSICIAN [	11-5	-83
IN CINCCION IN PRI	I SICIAI -	1 44 )	33

DECEASED NAME (TYPE OR PRINT) Walter Cody 3. SEX 5. DATE OF BIRTH YEAR aucasian BIRTHPLACE b. CITIZEN OF WHAT COUNTRY Manuland WIDOWED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Hospital University saltimore SUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION Anne Arunde 13d. INSIDE CITY LIMIT Pasadena YES [ 15. MOTHER'S MAIDEN FIRST odu mma WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, 19 OR UNKNOWN) GIVE WAR OR DATES 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Luna Cauler IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CERTIFICATION 19g DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 21h. TIME OF INJURY 21c HOW INJURY OC 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. MEDIC 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 STREET WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on And Oobove, (1) (we) (did) (did nat) view the body after death. and that in (my) (our) opi 226. SIGNATURE DEGREE ATTENDIN **PHYSICIA** 22e ADDRESS 22d PHYSICIAN'S NAM 22 S. Green St., Battimore, CHAN6 236 DATE 23c NAME OF CEMETERY 230 BURIAL, CREMATION, REMOVAL Le Veterans.

DHMH - 16 60M 7/84 (VRA 15, 4)

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14 FUNERAL DIRECTOR ully Funeral Home, Pasadena, Md. 21122

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STATE OF MARYLAND

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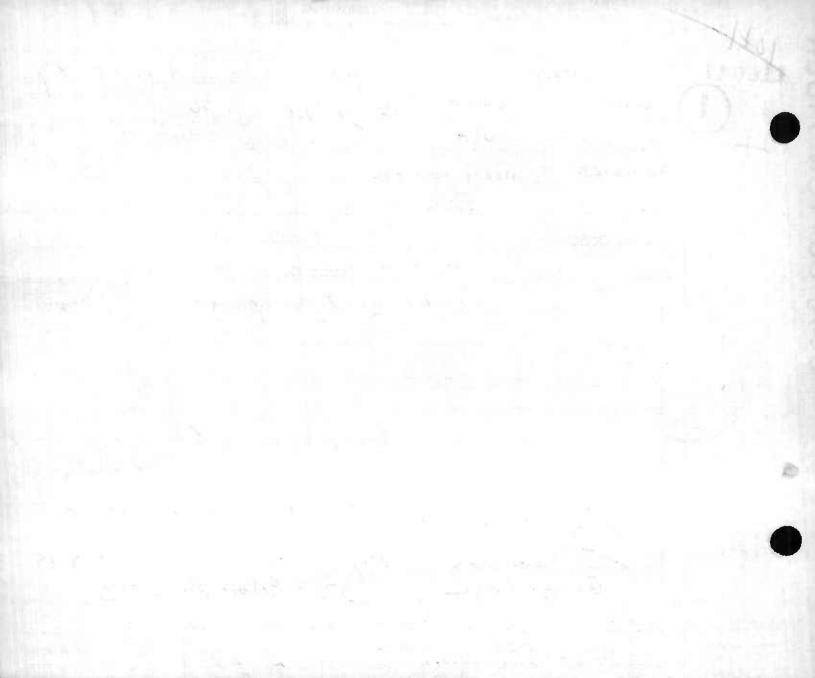
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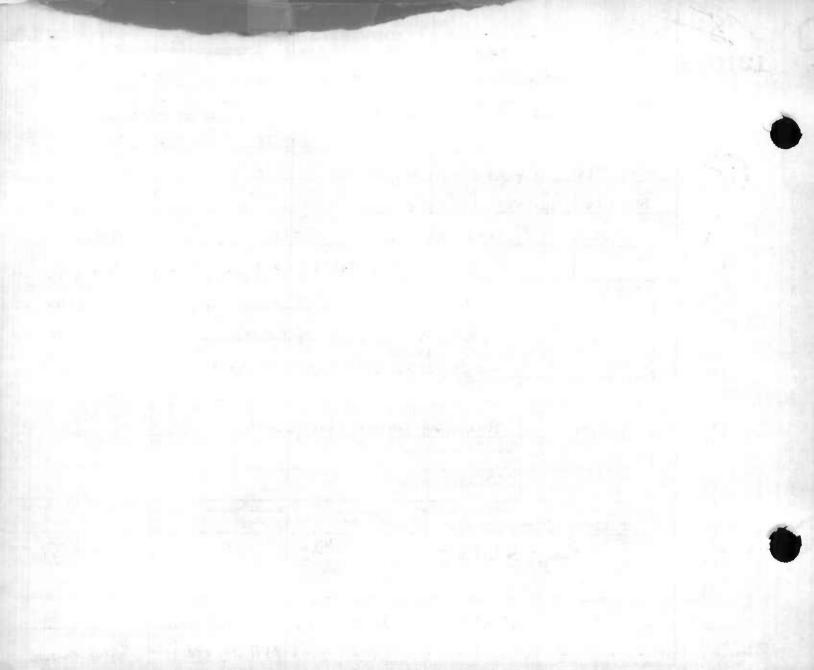
1	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND SEALTH AND MENTAL HY	GIENE REG.	0 5	6 7	
1	1. DECEASED NAME FIRST	A	MIDDLE	()	AST	20. DATE OF DEATH		Y YEAR	2b. HOUR
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J	I SEX	4 RACE		S. DATE O	C DIDTH	4-18-85		UNDERIYEAR	IF UNDER 2 HRS.
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1	D. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		SA	MARRIE (	NEVER MARRIED	Baltimore city	or county of imore (		MD.
1	BALTIMORE		H FACILITY, GIVE STREET		R OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Clerk		126. KIND OF INDUSTRY E Rail	BUSINESS OR EXPLESS
2	USUAL RESIDENCE (IF NURSING HOME 130, STATE Md. 14. FATHER'S NAME	OR OTHER INSTITUTION.	GIVE RESIDENCE BEFOR 136 CITY OR TOV Baltin	E ADMISSION)	13d INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRES 3315 Ke	s / zip code ntucky		ue 21213
>	Simon Cohen	WIDDLE	LAST		Jenn:			LAST	
		ARMED FORCES?  GIVE WAR OR DATES)	16h SOCIAL SECT 215-01-		Doris Col		addre:		MATE INTERVAL NISET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAN	DUE TO, OF	Mys tool	DEATH BUT					
2	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING ING CAUSES O	
		DEN III	M. MONTH D	AY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF IT	JURY IN ITEM 18 PAR	TIORPART 2)	
	OR CONTINEDING CAUSE OF  (IF EITHER, NOTIFY MEDICAL EXAMI  216. INJURY OCCURRED  WHILE NOT WHILE NOT WHILE AT WORK	21e PLACE (	OF INJURY EET FACTORY, OFFICE,	FARM ETC 1	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	220.1 certify that (1) this has saw the deceased alive above. (1) (we) (tid) (did) 22b. SIGNATURE				d that in my (aur) apinio DE GREE ATTENDING	MEDICAL S'	date and hour o		
	224. PHYSICIAN'S NAME (17)	e OR PRINT)	ue_		3703 /	Belain K	d 212	213	0 0 0
	230 BURIAL, CREMATION, REMOV  SPECIFY    Burial	4-20-			emetery or crematory nd Mem. Pa	CITY OR TOWN	o., Md	COUNTY	STATE
	74 FUNERAL DIRECTOR	Funeral	; Home,	Inc.		PR 23 1985	AR 25b. REGISTR	AR'S SIGNATU	andell.

DHMH - 16 60M 7/84 (VRA 15, 4)

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#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYDIENE

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1		CEASED NAME	FIRST		MIDDLE		LAS1		2a. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	_
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ł	3. SEX			. RACE	2002		OF BIRTH	6	AGE (IN YEARS LAST BE	THDAY)	F UNDER 1 YEAR	IF UNDER 24 H	RS
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7	100.00	w York		U.S.A.		MARRIE		IED '					
7	and the latest dealers.	TY OR TOWN OF DEA	ATH / 1	1. NAME OF		NG HOME	OR OTHER INSTITUTI	ON I	Baltimo	ION	126. KIND C	F BUSINESS	MD.
d	Da	ltimore	/		H FACILITY, GIVE STREET	ADDRESS)			TYPE OF WORK FOR MOST O	OF WORKING LIFE)		<b></b>	
7	USUZ	AL RESIDENCE (IF NURS		THER INSTITUTION.	HOSPITAL  GIVE RESIDENCE BEFOR	E ADMISSION)			Retired		1 0.5.	Governme	rit
7	44	ryland	Baltim		13c. CITY OR TOW Randalls		13d. INSIDE CITY LI		36. STREET ADDRESS 3608 Laguna	C+		21122	
		THER'S NAME	Darcin	DIE	Natharra	NOWII	15. MOTHER'S MAI			66.		21133	_
		omas Lawrence		IDDLE	LAST		Bridget		MIDDLE		ŧAS	ST .	
		VAS DECEASED EVER			16b. SOCIAL SECU	JRITY NO.	17 INTORM CTT			ESS		21133	
1	No	YES, NO OR UNKNOWN)	(# YES, GIVE	WAR OR DATES)	078-10-0	658	3608 Las	una Ct	R	andallst	own 1	Varyland	
1		8 CAUSE OF DEAT	H /Enter only	one couse per	line for (a), (b), an	nd (c).)						MATE INTERVAL ONSET AND DEA	
1		PART I. DEATH W	'AS CAUSED	BY:	-Judo	len	doeth						
-1			IMMEDIATE	CAUSE (o)	2000		V COCCOS.						_
-				DUE TO, O	R AS A CONSEQU	ENCE OF	Preui	44	7				
-		Conditions, if any, gave rise to imm		(b)_			1 run	n O p	un.		-		_
1		cause (a), statin	g the	DUE TO, O	R AS A CONSEOU	ENCE OF							
- 1		underlying cause	last.	(()									
-		PART 2. OTHER SIGN	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMIN	AL DISEASE OR CON	DITION GIVE	N IN PART 10	01	=
1	8				7.9 4	1111							
7	CERTIFICATION	9a. DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	)	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED	_
	INC								YES INO	IN CERTIFY YES	ING CAUSES	OF DEATH?	
5	ERT	21g. ACCIDENT WAS UNE	DERLYING	21b. TIME O	F INJURY		21c HOW INJURY	OC CURRE	D (ENTER NATURE OF INJU	1		1.0	_
1		OR CONTRIBUTING	CAUSE OF DEAT	N .	M. MONTH D								
-	Ž.	(IF EITHER, NOTIFY MEDI		P.,		19	TANK LOCATION						
-	MEDICAL	11d. INJURY OCCURE		21e, PLACE	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC )	21f. LOCATION STREET		CITY OR TO	)WN	COUNTY	STATE	
1	-	AT WO	RK L			_ 11 _ 1		20	40	5	01	1-3.10	
1		220.1 certify that (1)	(this haspite		e deceased fram_	4-1	, 19	6)	_, to 4- C	5,1	00	that (I) (we)	ast
1		saw the decease above, (I) (we) (c	ed alive an_	view the body	ofter death	, 0	nd that in (my) (aur)	apinian de	ath accurred an the d	ate and haur	and fram the	causes stated	
-		226 SIGNATURE	and I did man	The wine bady	arter acom.		DEGREE				22c. DATE	SIGNED	_
1		Suls	Tou	who	2	M	ATTEN		MEDICAL STA		4/2	3/85	
+	-	22d PHYSICIAN'S NA	AME (TYPE OR	PRINT)		-	22e. ADDRESS	ICIAN [	DIRECTOR   PHISH	CIAN	1 /	1	—
		Dag D: 1	m r				Lutheran	Hoen	2+27				
+	23c P	Dr. Bich		23b. DATE	72.	NAME OF C	CEMETERY OR CREM						=
		rial	KEMOVAL	4/26/85			n Cemetery	ATORT	WOOD PANTA	Bal	timore 1	<b>faryland</b>	
	. 1	Loring Bye	rs Fur	neral D	irectors	Inc		25a. DATE I	REC'D. BY REGISTRAR	25b REGISTR	AR'S SIGNAT	URE	
		8728 Liber					21133	APR	2 6 1985		avidson-		
-1			,						_ 0000	1.7			

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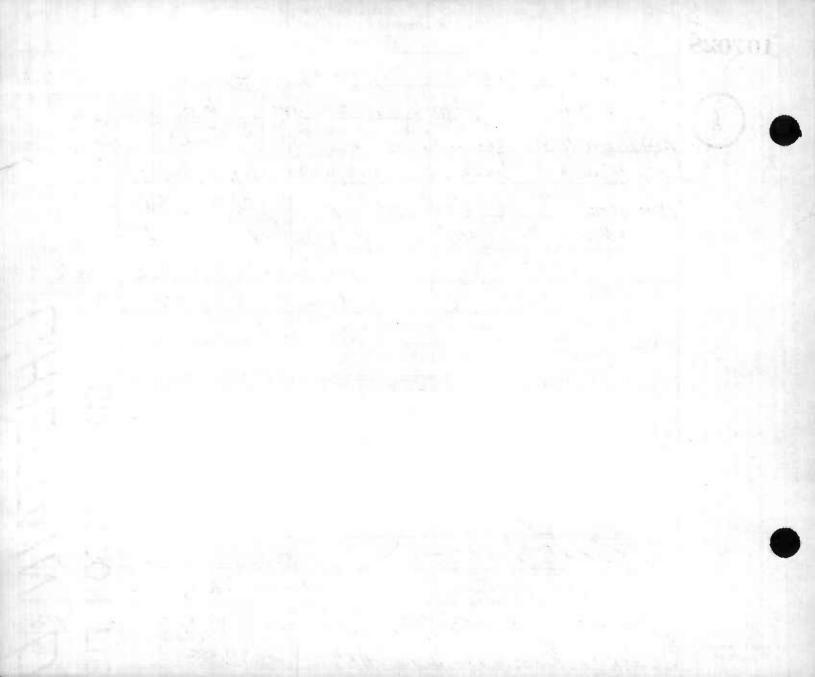
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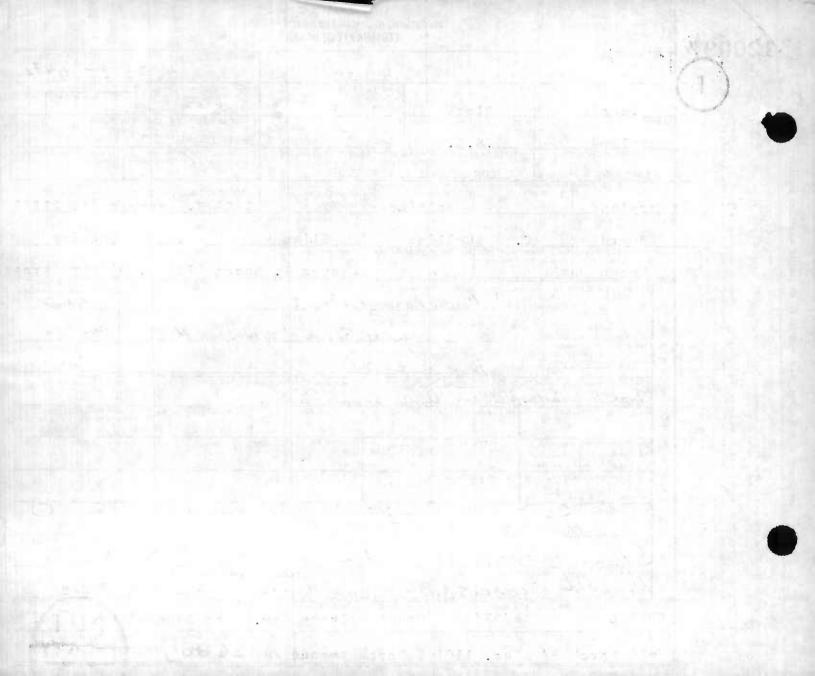
IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical exp TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and conshauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR - STATE

# STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

2

REGISTRAR				CEKIII	ICATE OF DEATH	REG. N	0.			
1. DECEASED NAME	FIRST	N	AIDDLE	i	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	Zb. HOU	JR
(TYPE OR PRINT)	CHAIRE	776		COT	LLINS		4 2	3 85	44	71.
SEX	GENEV	A RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER	24 HRS
. SEX		* NACE		MONTH	DAY YEAR			MONTHS DAYS	HOURS	MIN.
Femal			ack	1	1 04	81	YRS.	VOEDEATH		
a. BIRTHPLACE (STA	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNT	MARRIEI	D NEVER MARRIED X	9. BALTIMORE CITY C	K COUNTY	YOFDEATH		
Maryland		U.S		WIDOWE	D DIVORCED	BALTIMORE				M
D. CITY OR TOWN O	FDEATH		HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL OCCUPATE		12b. KIND C	F BUSINE	ESS OR
BALTIMORE				AL HOSI	PITAL	(				
JSUAL RESIDENCE I	IF NURSING HOME OR					L. CERCET ADDRESS	. 710 COD	0000		
Manual and	13b COUN	IY	13c. CITY OR TO	_	134 INSIDE CITY LIMITS?	13e STREET ADDRESS .			2.1	21
Maryland FATHER'S NAME			Dait	imore	IS. MOTHER'S MAIDEN NAM		Lanva	are or	. 21	
FIRST	,	MIDDLE	£AS1		FIRST	MIDDLE		LAS		
Edward		C .	Collir		Eliza	A.		Watk	ıns	
6a WAS DECEASED  (YES, NO OR UNKNOW		WED FORCES?	166 SOCIAL SI	ECURITY NO.	17. INFORMANT	ADDR				
Unknown	au a Til				Genvea T.	Lucas 173	4 E.			
18 CAUSE OF	DEATH (Enter onl	y one cause per	line for (0), 1b),	ond (c). (				APPROX BETWEEN	MATE INTER	RVAL
PART I. DEA	TH WAS CAUSE	BY: E CAUSE (a)	11	1 .	au arrest				nin	
	IMMEDIAT				1	W 1245 - 15			,	
6 100 0		. 41	R AS A CONSE		Shock 2° to	Marine	7	210	hos	
Conditions, if		(6)(1)	65 CAROLL	ogenic	STECKE 2 10	magawe -	<u>. L.</u>		-	
cause (a), underlying		DUE TO, OF	AS A CONSE	-				4	10-	
ondertying	coose 10s1.	(c) /	nob 4	SCVD					RS	
	SIGNIFICANTO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIV	VEN IN PART 1	a	
0 14pe 1	L Diabets	7.000	is, le	ute Re	ual tailin	e				
S 190. DATE OF O	PERATION	196 CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDING CAUSES		
Ē						YES NO		ES [	NO [	
Type II	AS UNDERLYING	216. TIME O			21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)		
OR CONTRIBUTION	G CAUSE OF DEA	In .	M. MONTH							
(IF EITHER NOTIF	CURRED	P./ 21e. PLACE (		19	ZIS LOCATION					
WHILE TO	NOT WHILE		EET, FACTORY, OFFI	CE, FARM, ETC )	STREET	CITY OR TO	WN	COUNTA	S	STATE
AT WORK	AT WORK			//		,,	2.5	120		
	not (1) this hospit			9		, to	43	19 0	that (I	wello
sow the d	eceased alive on,	view the body	after death.	9 8 , or	nd that in (my our opinion o	death occurred on the d	ate and hou	ur ond from the	couses sto	oted
225 SIGNATUR	E _	(1)-1	0		DECREE			22c. DATE	SIGNED	_
Skley	in Mis	Bucha	rely	1	ATTENDING PHYSICIAN [	MEDICAL STA	IAN	14-5	5-8)	1
22d PHYSICIAN	S MAME (TYPE O	R PRINT)			22e ADDRESS Chian	Men. Hasn	ital			
HENRY	DMK	CHARI	(Trus		DAIT Union Ol	unu Bil	+ Me	l 212	18	
2- BUDIAL COST	CONT DESIGNA			2. NIAME OF C	SCOPE I GIVEN, PE	1230/LOCATION			-0	
BURIAL, CREMAT	ION, REMOVAL	236 DATE 4/27/			EMETERY OR CREMATORY Calvary Cem		unda	1 COMMIN	Мб	HATE
		7/2//		Toull						7.
4 FUNERAL DIRECT	OR		ADDRE	ς ς		E REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNAT	URE	00
	rch F/H	Inc.	1101 1	E Nort	h Avenue Ar	K 2 4 1985	4			



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1	-	STATE
		REGISTRAR

## STATE OF MARYLAND

1 - STATE REGIS	ART 2. OTHER SIGNIFICANT CONDITION  ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCONTRIBUTING CAUSE OF DEATH ACCONTRIBUTION CAU		DEPARTA		FICATE OF	MENTAL HYO DEATH	GIENE	REG. NO.				
I. DECEASED		12	MIDDLE	l	LAST		20 DATE OF D		TH	DAY YEAR	26 HOL	JR
					OOK		APRI			285		B5AM N
3 SEX		4. RACE		5. DATE C		YEAR	6 AGE (IN YEAR	RS LAST BIRTHDAY	)	MONTHS DAYS	HOURS	MIN.
			LACK	1	18	1918	67		YRS.			
COUNTRY)			WHAT COUNTRY?	MARRIE	D X NEVER	MARRIED -	9 BALTIMORE			OF DEATH		
			. A.	WIDOWE	- Imad	IVORCED [	Baltin		ty	Lucione		MD.
		(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET HOME HOS	ADDRESS)		MOITUTION	120 USUAL OC (TYPE OF WORK FO	OR MOST OF WO		126 KIND ( INDUSTRY FIRE		
	DENCE (IF NURSING HO	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			13e STREET AD					
	The second secon	COUNTY	BALTIMO		YES X	NO []	Ave. Ba	ltimo:	cobe	Maryla	nd 2	1216
14 FATHER'S	NAME				15 MOTHER	S MAIDEN NA	ME		,			
		MIDDLE	Cook			Maggie		WIDDEE		Re	ese	
			166 SOCIAL SECU	RITY NO.	17. INFORM.		2605	Elsino	ore	Avenue		
		es. Ove WAR OR DATES	249-14-0	0778	Eulah	B. Cool	k Balti	more,	Mar	yland	212	16
18 CA1	USE OF DEATH (En	iter only one couse per	line for (a), (b), on	d ic						BETWEEN	MATE INTE	RVAI DEATH
couse	(o), stoting t	he DUE TO, O	r as a conseque	ENCE OF								
	OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEASE (	OR CONDITIO	ON GIV	EN IN PART 1	0	
CERTIFICATION 190 DV	TE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPS		CERTIF	S, WERE FINDS		TH?
00.00		OF DEATH HOUR A.	FINJURY M. MONTH DA M.	AY YEAR	21c HOW II	NJURY OCCUR	RED (ENTERNATUR	RE OF INJURY IN	TEM 18 P	ART I OR PART 2)	П	
VHILE AT WORK	JURY OCCURRED  NOT WHILE [	21e PLACE	OF INJURY REET FACTORY, OFFICE F	ARM, ETC )	211 LOCATI		-	CITY OR TOWN		COUNTY		STATE
501	w the deceased of	hospital) attended the	_0819	APRII	T. 2 ₹ nd thot in (my	, 19 <u>85</u> ) (aur) apinion	deoth accurred	RTL 0 on the dote o	8, nd hou	19. <b>85</b>	that (1) (	
	SNAMURE F	Non	zemi		DEGREE	ATTENDING PHYSICIAN [	MEDICAL DIRECTOR	STAFF PHYSICIAN	8	27c. DATE	SIGNED	AS
22d. PH	YSICIAN'S NAME	(TYPE OR PRINT)	)		22e ADDRE	SS CHURO	CH HOSE	PITAL		2:	1231	
	A. P.	NAZEMI,	M.D.				NORTH E		VAY	BALTO	D, MD	
230 BURIAL,	CREMATION, REM	OVAL 23b. DATE	23 c. N	NAME OF C	EMETERY OR		23d. LOCATI	ON		COUNTY		STATE

DHMH - 16 60M 7/84

MPORTANT. If Hem 21 is morked or Item 18 shp

(VRA 15, 4)

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

Baltimore, Maryland

Burial 4/12/1985 Arbutus Mem. Park
NUTTUE TO SONS 2501 Gwynns Falls Parkway
Funeral Home, Inc. Baltimore, Maryland 21216

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4099 REGISTRAR REG NO LAST DECEASED NAME 20. DATE OF DEATH MONTH TYPE OR PRINTI DOROTHY COOKE APRIL 19. 1985 4:20 AM M Anna 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) 3 SEX YEAR 6-21-1928 Female White 56 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Marvland U.S.A. Baltimore City WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Secretary Church Hospital Beth. Baltimore Steel SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Marvland Baltimore 1722 Pinewood Dr. 13d INSIDE CITY LIMITS? Dundalk 21222 YES [] NO T 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Tomas MIDDLE Miller Smith Mary A. ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (MOOR UNKNOWN) I LIF YES GIVE WAR OR DATEST 217-24-4814 Kelly A. Cooke 1722 Pinewood Dr. Balto. Md 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: CARDIOPULMONARY ARREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF GASTROINTESTINAL BLEEDING Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last CANCER, METASTATIC PROBABLY PANCREATIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOV 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION ō STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from APRIL 18 saw the deceased glive on APRIL 19, 19 85 and that in 19.85 to APRIL 19.85 saw the deceased alive on APRIL 19, above, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 27h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING neule MPORTANT BROADWAY BALTIMORE, MD.21231 221 PAYSACIAN'S NAME (TYPE OR PRINT) 27e. ADDRESS () ROSENBLOOM CHURCH HOIPITME 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial Oak lawn Cemeterv 4-22-85 Baltimore Md. 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS. 7922 Wise Ave

DHMH - 16 60M 7/84 (VRA 15, 4)

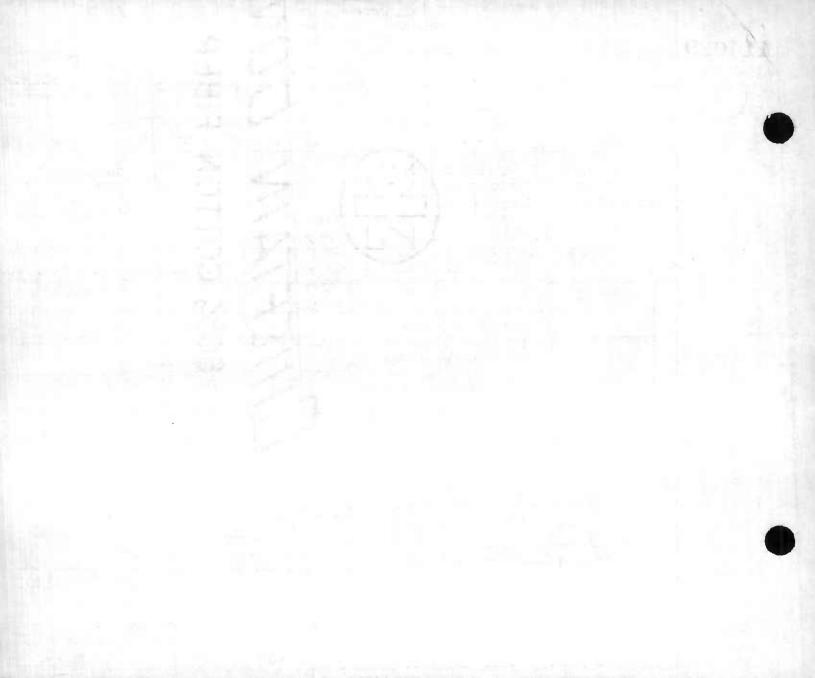
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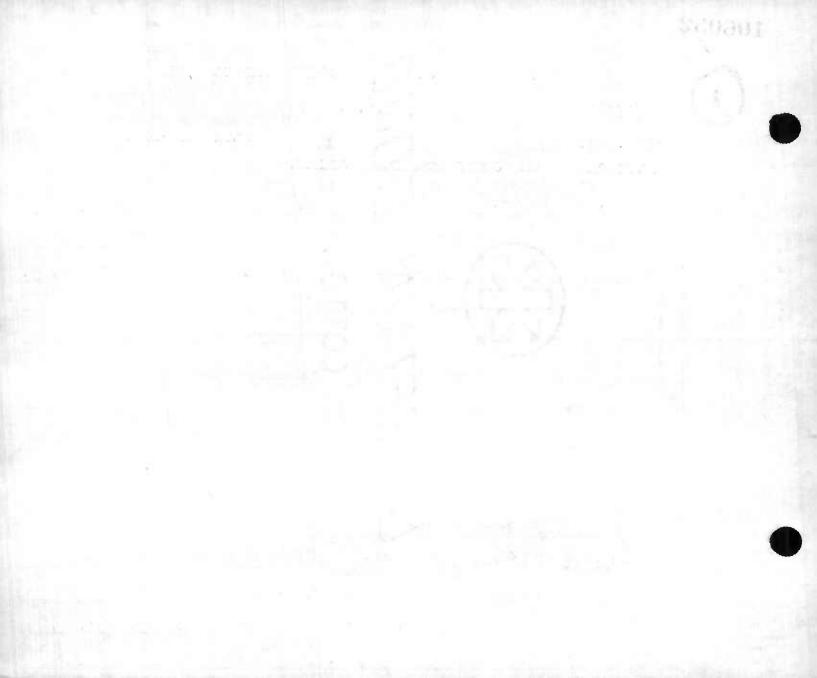
1 - STATE REGISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

CERTIFICATE OF DEATH

REG. NO

A STATE OF THE PARTY OF THE PAR		E OR PRINT)	- 3737 C	COOPER	APRIL 9, 1985	
	3. SE	EVE	LYN S.		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 A )	3 SE			5. DATE OF BIRTH		MONTHS DAYS HOURS MIN.
(")	_	Female	White	Nov. 3, 1927	57 YRS	
De	PE B	IRTHPLACE (STATE OR FOREIGN )	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
50	В	alto. Md.	USA	WIDOWED DIVORCED	I DALITIMODE CIT	Ϋ́
133		BALTIMORE	PHE OF HOSPITAL, NURSIN	KINS HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Retired School	industry  Teacher
35	495U 13a	AL RESIDENCE (IF NUR. 1997 E OR COUNTY)	alto. Reiste		13e STREET ADDRESS / ZIP CODE 5628 Glen Fal	
.51	14.E.	ATHER'S NAME	IDDLE LAST	15 MOTHER'S MAIDEN	NAME	(AST
0350	₽	Alexander	Sylvest	er Mary	Lou Bristo	W
1		VAS DECEASED EVER IN U.S. ARM		RITY NO. 17 INFORMANT	ADDRESS	
12		YES, NO OR UNKNOWN) (IF YES GIVE		5499 Mrs. Caro	1 L. McDaniels	Clinton, Md
2	$\vdash$		one couse per line for (a), (b), and		1 2. 11024111010	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
11		PART I. DEATH WAS CAUSED		lary arrest		BETWEEN ONSET AND DEATH
		IMMEDIATE	CAUSE (O)	TOTAL CONTROL		
0 10			DUE TO, OF AS A CONSEQUE			15 minutes
9		Conditions, if any, which gove rise to immediate	( 16) Kespran	n taline		r) minuris
à		couse (0), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE			
0		orderlying cause loss.	(c) Value lar	Monghemen		
1	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIV	EN IN PART 110
-	CERTIFICATION	19s DATE OF OPERATION	TIBL CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? / 20b. IF YES	, WERE FINDINGS USED
10	5	178 DATE OF OPERATION	198 CONDITION FOR WHICH	OPERATION WAS PERFORMED	INCERTIF	YING CAUSES OF DEATH?
9	E		AV. 515 O.5 IV. 11189			S   NO
0		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216 TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM IB P	ART : OR PART 2)
1/	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
3 /	MEDIC	21d INJURY OCCURRED	218 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FA	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
2	*	AT WORK AT WORK				
2	ı	220.1 certify that (I) (this hospital	it) ottended the deceased from_	225 15 19	10 9 9	19 85 that (I) (we) lost
-	ı	sow the deceased alive on_ above_(I) (we) (did) (did not)	19	ond that in (my) (our) opinion	on death accurred on the date and hou	ond from the couses stated
1		715 SKGP/ATLINE	view the pody offer death.	DEGREE		22c DATE SIGNED
-	l l	Wind.	· Mo.	MA ATTENDING		10/6/50
ž-	ł	171 PHYSICIAN'S NAME LITYPE OR	PRINTI	22e ADDRESS	DIRECTOR PHYSICIAN	19/7/80
8 X		0 1 10		[ [ [ ] ] ]	1.12 1. 1. 1. 1. 1. 1.	1000
MPOR72	_	Vimily W	enn!!	1 600/0,00	ville st, mit, M	4.61205
-		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
_		Burial	4/13/85 M	t. Gilead Ceme		estown, Md.
M 7/84	74. F	UNERAL DIRECTOR	ADDRESS	25a. D	ATE REC'D. BY REGISTRAR 256. REGIST	
, 4)	E	line Funeral		stown, Md.	APR 1 1 1985	Subject of the subjec
	Miles				11/	_

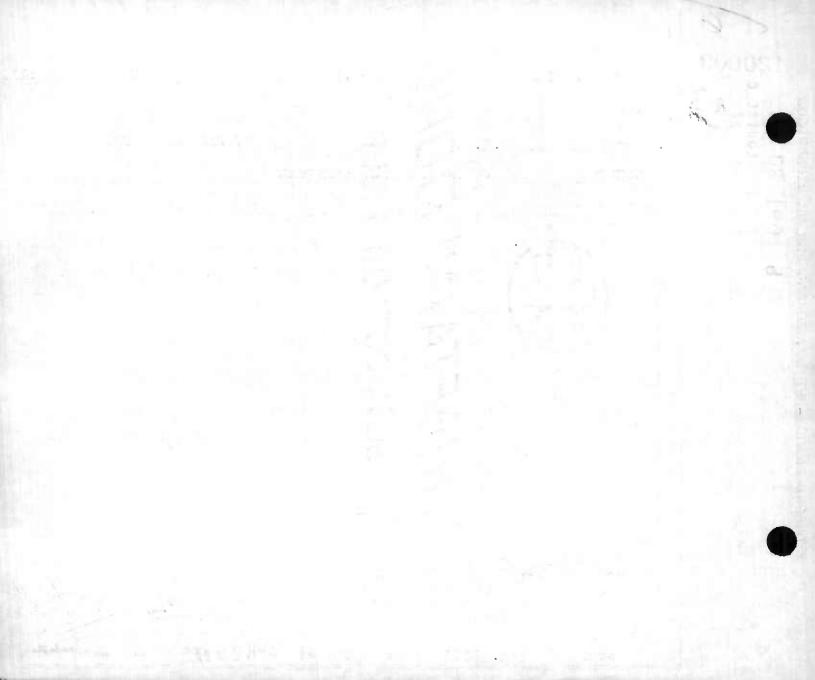


STATE OF MARYLAND	8 5
DEPARTMENT OF HEALTH AND MENT.	AL HYGIEN
CERTIFICATE OF DEATI	H

- STATE REGISTRAR REG. NO I. DECEASED NAME 2n. DATE OF DEATH FIRST 2h HOUR TYPE OR PRINT 23 LOUISE C COPLIN 04 85 3 SEX 4 RACE 5 DATE OF BIRTH & AGE TIN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR HOURS Female Black 24 0.7To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY N. Carolina WIDOWEDK DIVORCED 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL JOUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION 30 STATE 136 COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE Baltimore 508 N. Pulaski St. 21223 Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST James M King Marv Tatum 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 215-22-6302 Rose Macer 508 N. Pulaski Street NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY MINS. CARDIAC IMMEDIATE CAUSE (a)\_ DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which (b) THORACO gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 CERTIFICATION NONE 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? ABOVE NO 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the Body ofter death. 226. SIGNATURE DEGREE 274 CIATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSIC AN'S NAME (TYPE OR PR 22e ADDRESS ONGE 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Arbutus Memorial Pk. Arbutus BURTAL 4/27/85 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15. 4)

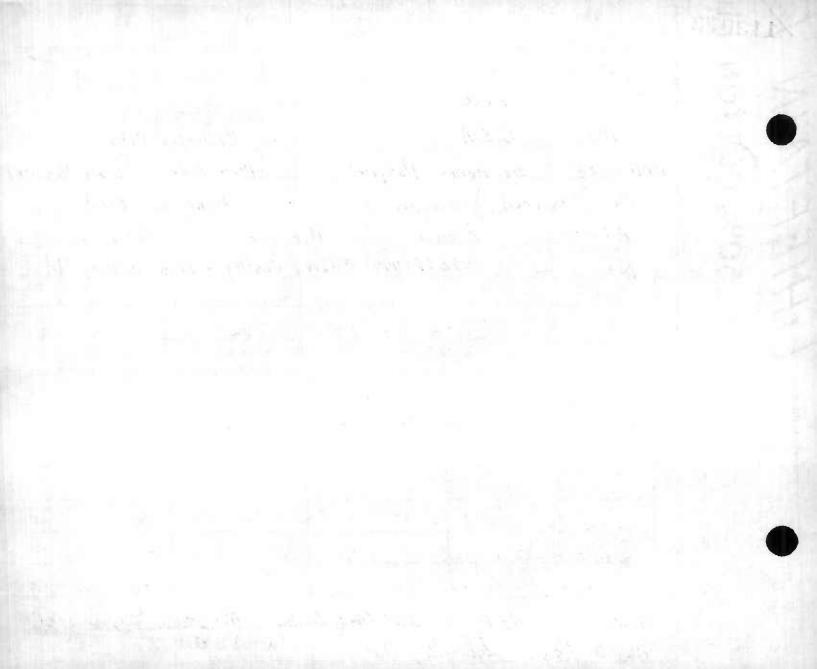
Wm C March F/H Inc. 1101 E North Avenue



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CONDITION  111 BY DOCUMENT OR  111 BY DATE OF OPERATION  111 BY DATE OF OPERATION  112 DATE OF OPERATION  113 DATE OF OPERATION  114 DATE OF OPERATION  115 TIME OF HOUR A.M  216 TIME OF HOUR A.M  216 TIME OF HOUR A.M  217 DINER SIGNIFICANT CAUSE OF DEATH 1: 35 DATE  11 A PLACE  11 BY DATE  11 BY DATE	REGISTRAR  DECEASED NAME ITYPE OR PRINT)  WILLIAM  RACE S. DATE OF BIRTH MONTH DAY 12, 1953  10. CITY OR TOWN OF DEATH BALLIMOTE  USUAL RESIDENCE   IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFOLIANTY  IN STATE  IN STATE IN	REGISTRAR  DECEASED NAME ITYPE OR PRINT)  WILLIAM  S. DATE OF BIRTH MANTH 12, 1953  TO STATE OR FOREIGN COUNTRY)  Baltimore  USUAL RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  133 STATE  WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR ABENDOWN)  14. FATHER'S NAME  WEST  WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  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DHMH - 16 60M 7/8 (VRA 15, 4)

123066

STATE OF MARYLAND 3 5
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	REGISTRAR							
	CEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
TYPE	Ervin	E.	Couc	ch	April	29,	1985	1:00F
3_SE)		4 RACE	S. DATE O		6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
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7a. BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8.		9 BALTIMORE CIT			
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Bal	etimore	11. NAME OF HOSPITAL, NU CHURCH HOME H	lospital	R OTHER INSTITUTION	TYPE OF WORK FOR MO Longsho	ST OF WORKING	GLIFE INDUSTRY	ship T
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-	ATHER'S NAME TAC	MIDDLE COUC	.h	Sarah Sarah	WE	Ε	Mitc	hell
16a V	WAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT	AD	DRESS		
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		DIJE TO OR AS A CONSI	FOLIENCE OF					
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3/x21/41 3-7 -- No. 4-1

injury, or other troumotic event, the medico

should be detached far use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremotian, ar removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony

24 FUNERAL DIRECTOR

ned by the

After this certificate has been

TO FUNERAL DIRECTOR:

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP

etained by the hospital or attending physicion

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND 21201

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL TYGIENE

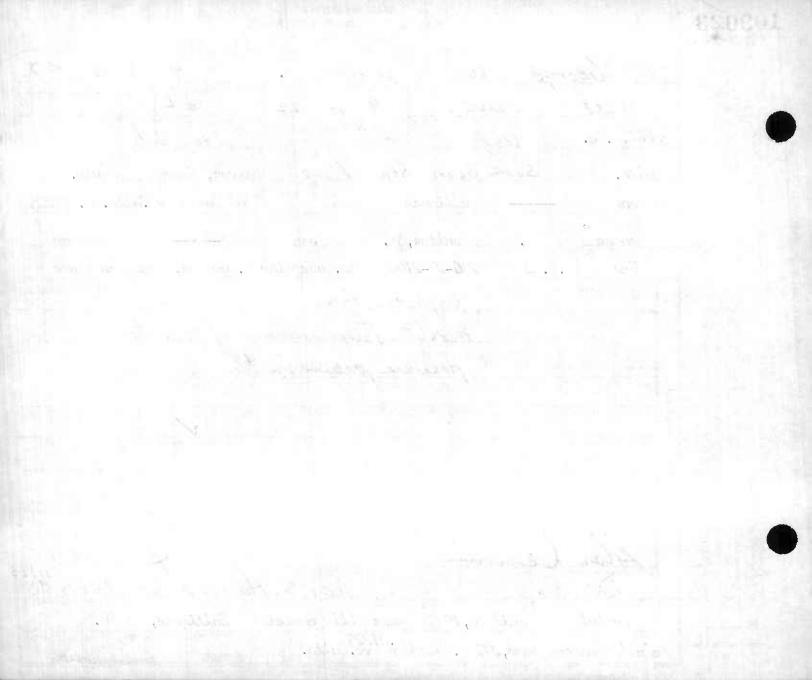
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250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DECEASED NAME 18-11 MODIE 14-21 DECEASED NAME 18-11 MODIE 14-22 DECEASED NAME 18-21 DECEASED NAME 18-21 DECEASED NAME 18-22 DE
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BRITHPIACE ISLATEORISPICED TO COUNTRY ARRIVED TO THE CITY OR TOWN OF DEATH  CONTROLLY ARRIVED TO THE COUNTRY OF DEATH  COUNTRY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  BALTO.  CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  BALTO.  SUAL RESIDENCE HE MURSING HOME OR OTHER HOSPITAL ARRIVED ARRIVED TO THE OWN OR FOR WHICH INDUSTRY  BALTIMORE OF WAS LOW OR OTHER HOSPITAL ARRIVED ARRIVED TO THE OWN OR FOR WHICH INDUSTRY  BALTIMORE OF WAS LOW OR WHICH ARRIVED ARRIVED ARRIVED TO THE OWN OR FOR WHICH INDUSTRY  BALTIMORE OF WAS LOW OR WHICH ARRIVED AR
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WAS DECEASED EVER IN U. S. ARMED FORCES?  WAS DECEASED BY:  WAS DE
Cause of Death   Enter only one couse per line for to   (b) and ic   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (b)   REPUEBLE   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (c)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (d)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (d)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (d)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (d)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (d)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (d)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (d)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (d)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (d)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (d)   PART I. DEATH BY:   IMMEDIATE CAUSE OF DEATH BY:   IMMEDI
18 CAUSE OF DEATH LENter only one couse per line for Iol, Ibl, and Icl PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF Ounderlying couse lost  DUE TO, OR AS A CONSEQUENCE OF Un
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WHITE   NOT WHITE
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AT WORK
22a.1 certify that (1) (this hospital) attended the deceased from
sow the deceased olive on
DEGREE ATTENDING MEDICAL STATE
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA
276. PHYSICIAN'S NAME (1796 OR PRINT) 276 ADDRESS
Dennis. 300 (3. Hanour St. Dulto Mo.
BURIAL, CREMATION, REMOVAL 236, DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

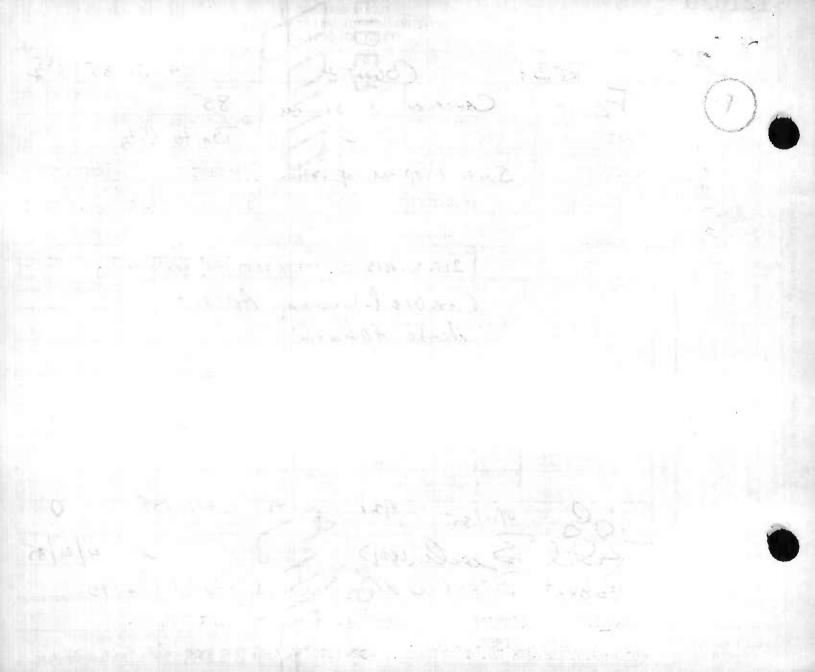
Mc willy Funeral Home, 237 E. Parapsco Ave. Balto.

DHMH - 16 60M 7/84 (VRA 15, 4)



DIVISION OF VITAL RECORDS,





- STATE

3. SEX

REGISTRAR

(YES, NO OR UNKNOWN)

716 INJURY OCCURRED

230. BURIAL, CREMATION, REMOVAL

No

DECEASED NAME 195 CHARLES

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 26 HOUR IRST Katherine Kelly LAST Cramer 2n. DATE OF DEATH Katherine 85 RAMER 22 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR MONTH YEAR QUCQS, AN 11 05 26 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH FETAN DERCHERSA MARRIED NEVER MARRIED Mass. DIVORCED [ 11. NAME OF HOSRITAL, NURS 17h KIND OF BUSINESS OR INDUSTRY Teacher Education 13e.STREET ADDRESS / ZIP CODE 21093 209 TREHERNE 15 MOTHER'S MAIDEN NAME MIDDLE MARGARE WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO. (IF YES GIVE WAR OR DATES) 065-20-3660 Eustace E. Cramer, 209 Treherne Rd.

CAUSE OF DEATH Enter on	nly ane cause per line lar (a), (b), and (c).	21093	BETWEEN ONSET AND DEAT
PART I. DEATH WAS CAUSE	TE CAUSE (0) Aspiration preumonitis		
Conditions, if any, which	Due to, or as a consequence of de pression		
gave rise to immediate couse (a), stating the			
undersing coute total	(c) Previous lobectom, tol concer		
PART 2 DINER SIGNIFICANT	DUE TO. OR AS A CONSEQUENCE OF  (c) PREVIOUS SECTION FOR CONCER  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS		EN IN PART I I a

20b. IF YES, WERE FINDINGS USED 19s DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 216. TIME OF INJURY THE ACCEPTATION UNDERLYING: 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING CAUSE OF DEATH OF DOMER, WOLFT WILLIE ALEXANDERS.

211 LOCATION

CITY OR TOWN AT HOME STREET, FACTORY, OFFICE FARM ETC 1 4/22 4110 The Learning that (II (this hospital) attended the deceased Ira saw the deceased olive on and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated

275 SYSNATURE DEGREE 22: DATE SIGNER ATTENDING MEDICAL 22/80 DIRECTOR PHYSICIAN PHYSICIAN

22e ADDRESS THE PHYSICIAN'S NAME 23c NAME OF CEMETERY OR CREMATORY

CITY OR TOWN Md. Timonium Balto. 4/26/85 Dulaney Valley Cem. Burial 24 FUNERAL DIRECTOR

Martin D. Lawson, 10 W. Padonia Rd.

23b. DATE

TIE PLACE OF INJURY

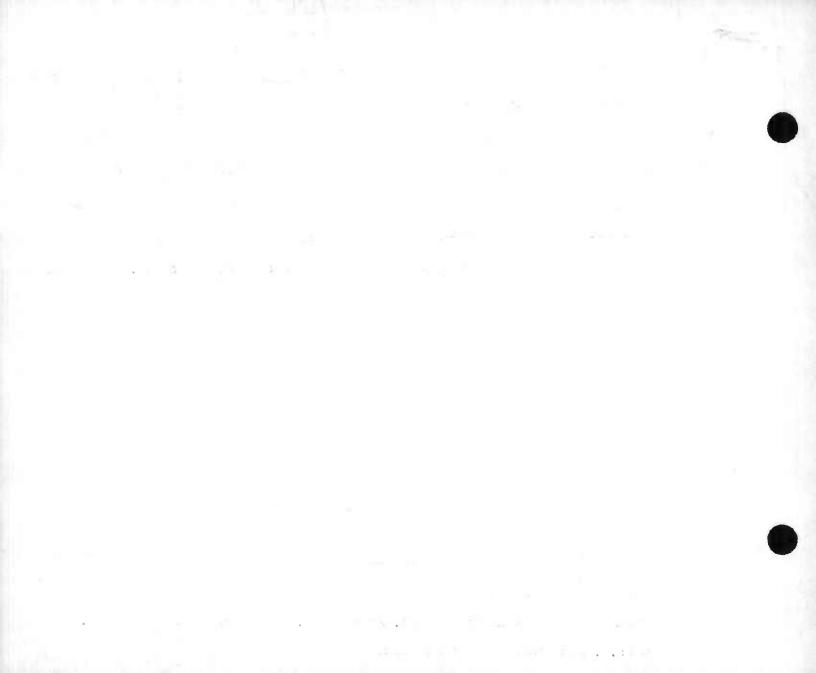
COUNTY

STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

19 to 70-000 Labor Date 100 - 200 - 



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injury, ar ather traumotic event, th

death. Page 4 may be

executed within 24 haurs after

FOR STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CEKITE	ICATE OF D	EATH		REG. NO	D.				
	IRST	MIDDLE	i.	AST		2a. DATE C		MONTH	DAY	YFAR	2h HOU	JR
(TYPE OR PRINT)	CY I	EUNICE	CR	AYCRAFT				04	10	85	2:00	P M
3 SEX	4. RACE		5. DATE C		25.0	6. AGE (IN	YEARS LAST BIRT	HDAY)	# UN	DER I YEAR		24 HRS
FEMALE	WHI	TE	08 08	16	<b>6</b> 0°		85	YRS		DATS	HOURS	MIN.
7a. BIRTHPLACE (STATE OR FORE	IGN 76. CITIZEN OF	WHAT COUNTRY?	8. MARRIET	D NEVER M	ARRIED 🗆	9 BALTIM	ORE CITY O	R COUN	TY OF I	HTASC		
KENTUCKY	U.S	S.A.	WIDOWE		ORCED [	BAL	TIMORE	CIT	Y			MD.
10. CITY OR TOWN OF DEATH  BALTIMORE	IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET / LAN CATON	ADDRESS)		TUTION	(TYPE OF WO	L OCCUPATION  ORK FOR MOST OF	WORKING		NDUSTRY	OF BUSINE	SS OR
USUAL RESIDENCE HE NURSING	HOLE OR OTHER INSTITUTION			13d INSIDE CI	EV LIMITEO	Lu. CTDECT	ADDRESS /	710.00	Dr.			
	ALTIMORE	ARBUTUS	N		NO X		COURT			21	.227	
A FATHER'S NAME				15. MOTHER'S								
WILLIAM	MIDDLE	THOMPSON		ID	irst <b>A</b>		MIDDLE		Mo	GUIR		
16g WAS DECEASED EVER IN		166 SOCIAL SECU	RITY NO.	17 INFORMAL	٧T		ADDRE	SS MI	LLER	SVII	LE,	MD.
(YES, NO OR UNKNOWN) (	IF YES, GIVF WAR OR DATES)	374-28-0	6617	RUBY L	ASHE	8339	BROOK				211	
18. CAUSE OF DEATH	Enter only one couse per	line for (o), (b), one	d (c).1		4.4		~				XIMATE INTEL	RVAL
PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (0)	CONG		TIVE	HEAL	RT 1	FAIL	WR	E			
1///		a as a Montscotts	NCT OF									
Conditions, if any, w		A Chanseoue	Sel	Persti.	Caro	des Va	asue	Lai				
gave rise to immed	iote	R AS A CONSEQUE	NCE OF				Dire	as	2			
	lost (c)	R AS A CONSCOOL	INCE OF									
PART 2. OTHER SIGNIF		ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEA	SE OR CONE	OITION (	SIVEN II	N PART 1	la	
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3 190 DATE OF OPERATIO	N 19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	20a AUT	TOPSY?				INGS USE	
E E						YES 🗌	NO		YES [		NO [	
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OR CONTRIBUTING CAU	SE OF DEATH	M.	19									
(IF EITHER, NOTIFY MEDICAL  21d IN JURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F.	ADM ETC )	21f LOCATIO	N		CITY OR TO	WN		COUNTY	:	STATE
WHILE NOT WHILE		REET, PACTORT, OFFICE, F.	ARMETICI									
22a I certify that (I) (th	is hospital) attended th	e deceased from			., 19	, to			. 19_		, that (I) (	we) lost
sow the deceased obove, (1) (we) (did)	(did not) view the body	ofter death.	or	nd that in (my) (	our) opinion (	deoth occurr	red on the do	te ond h	our onc	I from the	couses ste	oted
226. SIGNATURE	4.0			DEGREE						22c. DATE	E SIGNED	~
1/80	, xara		/	1 1) 4	HYSICIAN D	MEDICAL	L STAF R PHYSIC	IAN [		4-	11-8	3
2 d. PHYSICIAN'S NAM	(TYPE OR PRINT)			22e ADDRESS								
S. BASKAR	AN. M.D.			3455 V	VILKENS	AVEN	ШЕ. 21	229				
230 BURIAL, CREMATION, REA	MOVAL 23b. DATE	23€. №	NAME OF C	EMETERY OR C	REMATORY	23d. LOC				UNTY		STATE
BUR IAL	04-1	3-85 ME	ADOWR	IDGE ME	M. PK.		RIDGE	HO	WARI		ARYLA	
24 FUNERAL DIRECTOR		10005	21	.229	250 DAT	E REC'D. BY	REGISTRAR	25b. REG	ISTRAR'	SSIGNA	TURE	Alia .

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending

s the buriol-transit permit. Then please remave cark and Mentol Hygiene prior to burial, cremation, or

should be detached for use as the burial-transit permit, should be detached for use as the burial-transit permit, with the State Dept. of Health and Mental Hygiene Prior MPORTANT: If Item 21 is marked or Item 18 shows pny.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FIRST KNOWN XX MONTH 2b. HOUR 20. DATE 105075 TYPE OR PRINTI OF ESTI-DEATH MATED Rickey 19 85 4 RACE AGE (IN YEARS | IF UNDER 1 YR 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE 69 RONOUNCED Male Black DEAD 19 85 7a BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) USA WIDOWED DIVORCED Baltimore City VE PAGES 1, 2, AND 3 TO THE FUN H FORM PM 3. RETAIN PAGE 5 F IGES 1 AND 2 SHOULD BE FILED, W SION OF VITAL RECORDS, 201 W 201 W ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS OR INDUSTRY Baltimore 200 Blk. N. Stricker Street USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSION 130 STATE 1922 W. Fayette St. 21223 13h COUNTY Baltimore 13d. INSIDE CITY LIMITS? YECK 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE AAIDD1E Holmes Edward Rebecca Holmes 17 INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 214-84-5442 Edward Holmes 1922 W. Fayette St. No DIVISIO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple gunshot wounds DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, 201 PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? TO BURIAL. YES Z NO 🗌 3 SHOULD BE DEPARTMENT 71g EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR AND MONTH DAY YEAR 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 11:30M. MEDICAL 7 19 Subject shot 71e PLACE OF INJURY AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) 21201 street 200 Blk. Baltimore City. TO MEDICAL EXAMINER: THE CERTIFICATE, V PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIT, BALTIMORE, MARYLAND, 2' Autopsy K 220 I certify that I took charge of the remains described obave, held an Homicide X death resulted fram Accident Undetermined monner Natural causes TITLE (SPECIFY) ACTUAL DATE SIGNED 4/8/85 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS 230, BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR 23d. LÖCATION STATE Burial 4/13/85 Baltimore Arbutus Mem. Pk Co. MD 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE MOL **DHMH - 17** Wm NAME C. March F/H 1101 E. North Aye. (VR A15 ME (5))

7968	FOR STATE REGISTRAR	21500		DEPARTM	NENT OF HI	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE - REG. NO.	58	9
	DECEASED NAME	FIRST <sub>3</sub>		_AIDE		CKETT	20 DATE OF DEATH MON	29 85	1225 M
3	Female		4. RACE	hite	5. DATE O		6. AGE (IN YEARS LAST BIRTHDA	YRS. IF UNDER 1 YEAR	R IF UNDER 24 HRS HOURS MIN.
35	BIRTHPLACE (STATE OR COUNTRY)	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED DE DIVORCED	Baltimore CITY OR C		MD.
\$7	CITY OR TOWN OF DE Baltimo	re	Merc	HEACHITY, GIVE STREET A	address)	ROTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Supervisor	ORKING LIFET INDUSTRY	
35	SUAL RESIDENCE (IF NUR STATE	13b COUN		GIVE RESIDENCE BEFORE 136. CITY OR TOWN Balto.		136 INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS / ZII 1508 Pentri		21239
350	FATHER'S NAME FIRST Casper	L.	Retta			15 MOTHER'S MAIDEN NA/ FIRST Henrietta	MIDDLE		sney
e medico	WAS DECEASED EVER (YES, NO OR UNKNOWN)		WED FORCES?	212 05 (		Casper F.	Rettaliata,	Balto.,	MD DXIMATE INTERVAL NONSET AND DEATH
n please remove corb ourial, cremation, or r y, or other traumatic		mediote ng the e lost.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	r as a conseque	nce of	n Pheumo		ON GIVEN IN PART 1	10
18 shows ony injur	00.500,170,00,100,10	185	Isc.	hemic /	Right	N WAS PERFORMED LOWEY EXTREM 210. HOW INJURY OCCURR	VAYES   NOW IN	b IF YES, WERE FIND I CERTIFYING CAUSE YES I	
orked or Item	AT WORK AT WO	RRED	21e. PLACE (AT HOME STE	OF INJURY REET FACTORY, OFFICE, FA	19 ARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
T: If them 21 is m	220 I certify that (I sow the decease obove, (I) (we) (2) - STSNATURE	sed olive on.	4/2	1 19	85. on	d that in (my) (our) apinion of	death occurred on the date of MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE	_
WPORTAN	22d Physician's N	R K	inger	lman		Mercy	11	Bolto	, md.

230 BURIAL, CREMATION, REMOVAL 23b. DATE

231 NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN Balto.

COUNTY STATE MD

Burial

5/1/85

Loudon Park 24 FUNERAL DIRECTOR Henry W. Jenkins Sons Co.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

4905 York Road

Balto.

21212

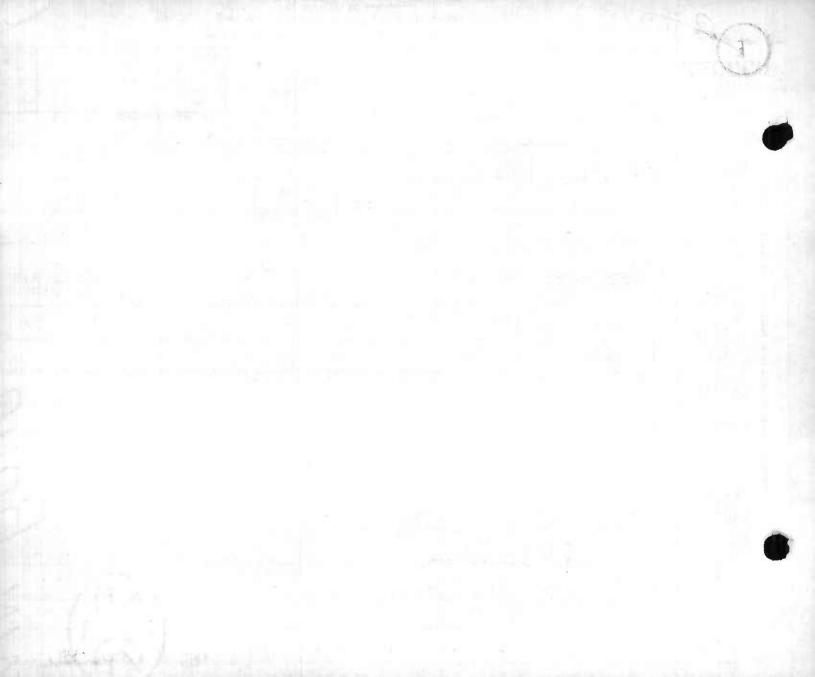
en desta file de l'ecaliva de la latin e l'ecalica de caracter de la companya de la companya de la companya de STORY OF STANDERS F. Recoluses, Linky No. 11 and April 10

Appendix State Sta

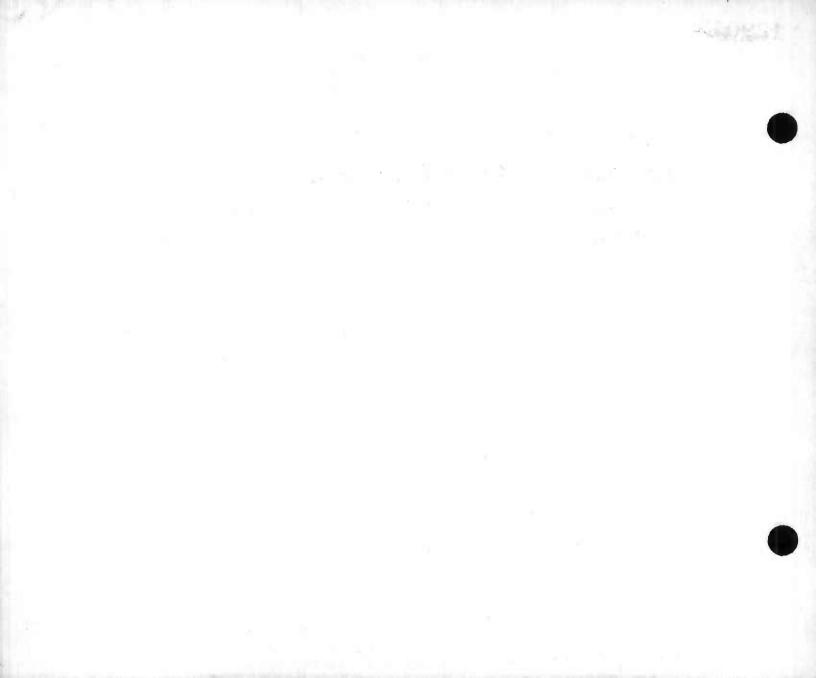
T.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 102143 REGISTRAR REG. NO 20 DATE OF DEATH MONTH LAST 2h HOUR DECEASED NAME TYPE OR PRINTS 4:20AM APR. 7,1985 CROMER KAMAL IF UNDER 24 HRS 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY DIVORCED [ WIDOWED 126. KIND OF BUSINESS OR HOSPITAL, NURSING HOME OR OTHER INSTITUTION INDUSTRY HOPKINS HOSPITAL BALTIMORE JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 2120 CITY OR TOWN 13d INSIDE CITY LIMITS? MORG 15 MOTHER'S MAIDEN NAME IL FATHER'S NAME 166 SOCIAL SECURITY NO 12-INFORMANT FREE INC OIL UNENOWN) I (IF YES, GIVE WAR OR DATES) II. CAUSE OF DEATH Enter poly one chose per lie PART I. DEATH WAS CAUSED BY OSOLUTI TOU IMMEDIATE CAUSE IO MEPU Conditions, if one, which gave rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To CERTIFICATION 18. CONDITION FOR WHICH OPERATION WAS PERFORMED No. AUTOPSY? 786 IF YES, WERE FINDINGS USED 14s DATE OF OPERATION IN CERTIFYING CAUSES OF REAT YES: I THE ACCIDENT WAS UNDERLYING [7] 216 TIME OF INJURY THE HOW INJURY OCCURRED. (AND ENABLED FOR MAJOR OF PROOF ON THE RAFE I OR PART TO HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING [ ] CAUSE OF DEATH OF EITHER, NOTEY WED CALERAMNERS THE INTURY OCCURRED THE PLACE OF INJURY CIST OF FOWE CONNY STATE I AT HOME STREET PACTORY OFFICE FARM ETC / ACCUMUS [ 27s.1 certify that (i) (this hospital agreement the deceased from sow the deceased drive on had that in (my) jour) apinion death accurred on the blate and hour and from the causes stated DEGREE TR. DATE SIGNED! MEDICAL STAFF PHYSICIAN-DIRECTOR PHYSICIAN 22m ADDRESS TANKS NAME PRINCES PRINCE 23d LOGATION 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL

DHMH - 16 60M 7/84 (VRA 15, 4)



129045	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.
within 24 hours after death. Page 4 may be alergy filled in by the Junaral director page 3 and 2 should be filled, whin 72 hours after death among much be and led affect.		PAR (STANDSHOREDA) TO CO	BALLIMAY YES NO 13. MOTHER'S MAIDEN NAM	THE DATE OF DEATH ADMITS DIRTY VEAR THE HOUR  1. AGE THE TEAR SHETHED AY THE PROPERTY AND T
le be executed to a constant of the medical the medica		VAS DECEASED EVER IN U.S. ARMED VES, NO OR UNKNOWN) (IF YES, GIVE WA	212-14-9915 mrs Gussie	Cosby 637 Pitchero ST  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
DS, 201 W. PRESTON ST., B. quires that the death certifica signed by the ottending phys her please remove carbompop to burial, cremation, or remove ijury, or other traumatic event,	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CON	1 and month & Bloke	antythmia nona gloft lung
F VITAL RECOR	L CERTIFICATION	190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH	196. CONDITION FOR WHICH OPERATION WAS PERFORMED  216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	200 AUTOPSY?  YES NO YES NO
D o A S o E	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHATE NOT WHATE AT WORK  22a 1 certify that (1) (this hospital)	11 1 7 10	city or Town COUNTY STATE  to 4/22 19.85, that (1) (we) last death accurred on the date and how and from the couses stated
the hospithe		sow the deceosed alive an obove, (I) (we) (did) (did not) vi  226. PHYSICIAR'S NAME (TWO OF RE)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF 4 3 4 5 5
TO HOSPIT. TO Full Explained by TO Full Explained by Should be a with the Str. IMPORTAN	23a.	SURIAL, CREMATION, REMOVAL 12	SOPRE 23- NAME OF CEMETERY OR CREMATORY  SOPRE 23- NAME OF CEMETERY OR CREMATORY  APPLISON FOR SOLUTION	M Son Blod Ballo  123d LOCATION  100 CHURRIS MILLS MALL
DHMH - 16 50M 4/83 (VRA 15, 4)	24. F	UNERAL DIRECTOR OSEPH L. Ru	SS 2222 North Ane 250. DAT	TE REC'D BY REGISTRARI 256 DEGISTRARS SIGNATURE



James   Michael   James   Michael   James   Michael   James   Michael   James   Michael   James   Ja		FOR			DEPART			ARYLAND	HYGIEN	E 1 0	5	9.	3	-
DECEASED NAME   FRST	1-			M	EDICAL	EXAMIN	IER'S C	ERTIFICATE	OF DEA	TH RE	G. NO.			
James Michael  Crouse, Jr.  PARCE  J. DATE OF BIRTH  Male  White  (a) DATE OF BIRTH  MACE  White  (b) DATE  MACE  White  (c) DATE  MACE  White  (b) DATE  MACE  MACE  White  (c) DATE  MACE  MACI  MAC			E FIRST		MIDDLE			LAST		20. DATE KNOW	VNVV M	NONTH D	AY YEAR	26. HO
3. SEX	(11	PE OR PRINT)	James	s Mich	nael		Cr	ouse. Jr.		Or ESII		4-4	1985	100
BRITHPLACE (STATE OF PRICE COUNTRY)   78. CHIZEN OF WHAT COUNTRY?   8. MARRIED   NOVER MARRIED   NO PRICE COUNTRY OF DEATH   19.835   3. MARRIED   NO PRICE COUNTRY OF DEATH   NO PRICE COUNTRY OF DEATH   19.61 CHIZEN OF WHAT COUNTRY   19.61 CHIZEN	3. SE			5. DATE OF BIRT		6. AGE IN YE	ARS IF UN	DER 1 YR. IF UND			M	ONTH D.	AY YEAR	2d HO
AARRIED   DIVORCED   Baltimore City,  8. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  12. USUAL OCCUPATION   Tyme of work   12.6 KIND OF BUSINESS OR INDUSTRY  13. USUAL OCCUPATION   Tyme of work   12.6 KIND OF BUSINESS OR INDUSTRY  13. USUAL OCCUPATION   Tyme of work   12.6 KIND OF BUSINESS OR INDUSTRY  13. USUAL OCCUPATION   Tyme of work   12.6 KIND OF BUSINESS OR INDUSTRY  13. USUAL OCCUPATION   Tyme of work   12.6 KIND OF BUSINESS OR INDUSTRY  13. USUAL OCCUPATION   Tyme of work   12.6 KIND OF BUSINESS OR INDUSTRY  13. USUAL OCCUPATION   Tyme of work   12.6 KIND OF BUSINESS OR INDUSTRY  13. USUAL OCCUPATION   Tyme of work   12.6 KIND OF BUSINESS OR INDUSTRY  13. USUAL OCCUPATION   Tyme of work   12.6 KIND OF BUSINESS OR INDUSTRY  13. USUAL OCCUPATION   Tyme of work   12.6 KIND OF BUSINESS OR INDUSTRY  13. USUAL OCCUPATION   Tyme of work   12.6 KIND OF BUSINESS OR INDUSTRY  13. USUAL OCCUPATION   Tyme of work   12.6 KIND OF BUSINESS OR INDUSTRY  13. USUAL OCCUPATION   Tyme of work   12.6 KIND OCCUPATION   Tyme oc							0	JAN 1100KG	JANUA.	DEAD		4-4		tā.
10. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   170 MOST OF WORKING LIFE   170 MOST OF W	7a. E	OREIGN COUNTRY)	TATE OR			ITRY?	8 MARRI	ED NEVER MA	RRIED 🗶		_		FDEATH	
Baltimore    Francis Scott Key Medical Center   Francis Scott Key Medical Center	Bal	timore,	Maryland			DCINIC HOM						ity,	KIND OF BI	ICINIECC
SUATERS   DENCE   IF IN NUMBRING   DESCRIPTION   DESCRIP	U. C			(IF NOT IN SUCH	FACILITY, GIVE S	TREET ADDRESS)			FOR /			WORK 129	OR INDUST	RY
James Michael Crouse, Sr. Holly Kay Hill  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (14 YES, GIVE WAR OR DATES)  18b. SOCIAL SECURITY NO. 17. INFORMANT James Michael Crouse, Sr. Same as #13e  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  Conditions, if only, which gove rise to immediate cause (a) Thermal Injuries  DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2 DIHER SIGNIFICANT CONDITIONS (DITRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 i.e.  19 DATE OF OPERATION  19 DAT	ÚŠÚ	AL RESIDENCE	HE IN NURSING MOME	OR OTHER INSTITUTION.	GIVE RESIDENCE	BEFORE ADMISS	Medic	al Center						
14. FATHER'S NAME	13a :	Marylar	d Bal	iiy timore				and the same of th	Sec. 1			1	210	30
James   Michael   Crouse, Sr.   Holly   Kay   Hill	$\overline{}$	ATHER'S NAME						15. MOTHER'S MA			en C	ricie		
166. WAS DECEASED EVER IN U.S. ARMED FORCES?   166. SOCIAL SECURITY NO.   17. INFORMANT   James Michael Crouse, Sr.			M			-					~\.		Hill	
Thermal Injuries    Conditions, if any, which gave rise to immediate cause lost.   Due to, or as a consequence of lying cause lost.			DEVER IN U.S. AR	MED FORCES?			Y NO.		lan			rouco		
PART I DEATH WAS CAUSED BY:  PART I DEATH WAS CAUSED BY:  Thermal Injuries  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse (a) stating the under-lying cause lost.  (c)  PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (b).  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  216. EXTERNAL CAUSE WAS UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 9: 24% A-3 19 85 Subject recovered from house fire  216. PLACE OF INJURY (AT HOME, STREET, ACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN  COUNTY STA			(IF TES, GIVE	WAR OR DATES				Same o	as #136	3	Jei C	10036	, 51.	
Conditions, if any, which gave rise to immediate couse (a) stating the underlying cause lost.   DUE TO, OR AS A CONSEQUENCE OF		18 CAUSE C	F DEATH (Enter an	ly ane cause per li	ne far (a), (b)	), and (c).)								
Conditions, if any, which gave rise to immediate couse (a) stating the underlying cause lost.  PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 Ind.  PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 Ind.  190. Date of operation  19b. Condition for which operation was performed?  21b. Time of Injury Hour A.M. Month Day Year Contributing Cause of Death 9:24xx 4-3 19 85  Subject recovered from house fire STREET CLIY OR TOWN  STREET CLIY OR TOWN  COUNTY  STREET  CLIY OR TOWN  COUNTY  CLIY OR TOWN  COUNTY  STREET  CLIY OR TOWN  COUNTY  CLIY OR TOWN  CLIY OR	_	PARTIDE			Theri	mal In	jurie	S						
GOVE rise to immediate couse (a) stating the underlying cause last.    DUE TO, OR AS A CONSEQUENCE OF	/	81	U 3	DUE TO, C	OR AS A CON	ISEQUENCE	OF							
Indicate of Operation   Indicate of Operation   Indicate of Injury		gave ri	se ta immediate											
190. Date of Operation   196. Condition for which operation was performed?   20 autopsy?   yes   now				DUE TO, C	OR AS A CON	ISEQUENCE	OF							
190. Date of operation   196. Condition for which operation was performed?   20 autopsy?   yes   now		PART 2 NAMER CO	CHIEFCANT CONDITIONS	(c)	IN BUI NOT BELA	TED TO THE TER	utuai Beerare	DR COMPITION CHEST IS					-	
UNDERLYING AAOR CONTRIBUTING CAUSE OF DEATH 9: 24 A 4-3 19 85 subject recovered from house fire 21d Injury Occurred 21d Injury Occurred 31d Injury	Z	TARIT DINER SI	ONG ICKIN CONDINIDAY	CDM18001MO 10 DEX	TH BUT NUT KEEN	CIED ID THE TERM	MINAL DISEASE	DK COMBINION GIVEN IN	TAKE I IO.					
UNDERTYING AAOR CONTRIBUTING CAUSE OF DEATH 9:24 A 4-3 19 85 subject recovered from house fire 21d Injury Occurred 21e Place of Injury (at home, STREET, FACTORY, FARM, ETC.)  STREET STREET CITY OR TOWN COUNTY STA	ATIO	19a. DATE OF	OPERATION	19b. CON	DITION FOR	WHICH OPE	RATIONW	AS PERFORMED?				2	DAUTOPSY	?
UNDERTYING AAOR CONTRIBUTING CAUSE OF DEATH 9:24 A 4-3 19 85 subject recovered from house fire 21d Injury Occurred 21e Place of Injury (at home, STREET, FACTORY, FARM, ETC.)  STREET STREET CITY OR TOWN COUNTY STA	SE												YES 🗌	NOXO
UNDERTYING AAOR CONTRIBUTING CAUSE OF DEATH 9:24 A 4-3 19 85 subject recovered from house fire 21d Injury Occurred 21e Place of Injury (at home, STREET, FACTORY, FARM, ETC.)  STREET STREET CITY OR TOWN COUNTY STA	S. S.					DAY YEA		W INJURY OCCU	RRED (ENTER	NATURE OF INJURY IN IT	TEM 18 PART	I OR PART 2)		
21d INJURY OCCURRED WHILE NOT WHILE AT WORK HOWER HOuse  21d INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  12d INJURY OCCURRED STREET STREET 1364 Deanwood Rd., Parkville, Balto. Co., Md		CONTRIBUTI	NG CAUSE OF	DEATH 9:24	₩ 4-	3 198		bject red	covere	d from h	ouse.	fire		
AT WORK AT WORK House 1364 Deanwood Rd., Parkville, Balto. Co., Md	AED	21d INJURY	OCCURRED	STREET C			S	TREET				COUNTY		STAT
	1	AT WORK	AT WORK	A I	House		13	64 Deanwo	ood Rd	.,Parkvi	lle,	Balto	. Co.	, Md.
		death result	ed from Note	ral causes	Accident	X, s	vicide 🔲	, Hamicide	, Undet	ermined manner	$\Box$ .			
death resulted from Natural course		ACTUAL	Allen	M	1	10 71	11					DATE	4 5 0	
TITLE (SPECIFY)		SIGNATURE.	reau	ma N	Jury	10	M	D. ASSIST	ant_MED	ICAL EXAMINER		SIGNED_	4-5-8:	)
		EXAMINER'S	NAME Den	nis F. Sr	myth,	M.D.		111	l Penn	St., Ba	lto.	, Md.	212	01.
ACTUAL SIGNATURE DENNIS F. SWYLD M.D. ASSISTANT MEDICAL EXAMINER SIGNED 4-5-85	23a.	BURIAL, CREMA	(NI)			NAME OF CE		ADDRESS						
EXAMINER'S NAME Dennis F. Smyth, M.D.  ADDRESS 111 Penn St., Balto., Md. 21201.  130 BURIAL CREMATION. REMOVAL 1236 DATE 1231, NAME OF CEMETERY OF CREMATORY 1236 LOCATION		Burial						norial Par	k So	disbury, V	Vicon	nico.	Maryl	and
EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn St., Balto., Md. 21201.  236 BURIAL, CREMATION, REMOVAL 236 DATE Wicomico Memorial Park Salisbury, Wicomico, Maryland		NAME		ADDRI	ess	7		250.00	HREC'D G	PEGISTRAR 256	REGISTR	AR'S SIGN	ATURE OF	
EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn St., Balto., Md. 21201.    ACTUAL SIGNATURE   M.D. ADDRESS   111 Penn St., Balto., Md. 21201.    ACTUAL SIGNATURE   M.D. ADDRESS   111 Penn St., Balto., Md. 21201.    ADDRESS   M.D. ADDRESS   236. NAME OF CEMETERY OF CREMATORY   236. LOCATION   COUNTY   STATE   COUNTY   COUNTY   STATE   COUNTY   CO		Hollowa	v Funeral	Home P		lishury	Mar	vland		0			0	

20M 4/82



06135 X	1.	FOR STATE REGISTRAR		DEPARTN	ENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	0.	no e			
1 (1) A	[TYPE		kinson	Merwin			20. DATE OF DEATH	1985	627 A. M			
	3. SE	Female	4 RACE Whi	te	5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY) F UNDER 1 YE MONTHS DA				
other death Po	10 C	RTHPLACE (STATE OR FOREIGN COUNTRY)  OKlahoma  ITY OR TOWN OF DEATH	11. NAME OF	CH FACILITY, GIVE STREET	WIDOWE G HOME (	OR OTHER INSTITUTION	9 BALTIMORE CITY  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) CPA  170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Self Emplo					
filled in the country filled in the country be right	USU.	ALTIMORE CITY AL RESIDENCE (IF NURSING HOME O STATE  MD  13b. COU	ROTHER INSTITUTION	MEMORIAL IN GIVE RESIDENCE BEFORE BEFORE BEFORE BALTO.	ADMISSION)	13d INSIDE CITY LIMITS? YES MO []	130 STREET ADDRESS 4 E. Git					
Supplemental Suppl	160 \	VAS DECEASED EVER IN II S. AS	MIDDLE Calvin	Atkinsor		15 MOTHER'S MAIDEN NA/ FIRST LOPEI  17 INFORMANT	MIDDLE	Talley	LAST			
9 000 J	100		VE WAR OR DATES)	456 09		Harry B. C		Same				
that the death certificat by the attending physical care remove carbonopop all cemation or remove cother traumatic event,		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA  Conditions, if any, which gove rise to immediate cause 10), stating the underlying cause lost.	DUE TO, C	DR AS A CONSEQUE	NCE OF MAC	peratry a	nest.	BETWE	ROXMATE INTERVAL			
n. nos bern tenne permi Tren pl me prier to bur	CERTIFICATION	PART 2. OTHER SIGNIFICANT	iwe r	leart	fou	NOT RELATED TO THE TERM  N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS USED			
HYSICIAN: Thadrag physicion his certificate buriol-tronsit I Mental Hygie or frem 18 sho	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	ATH HOUR A	OF INJURY  .M. MONTH DA  .M.  OF INJURY  TREET, FACTORY, OFFICE, F	19	21t. HOW INJURY OCCURE 21t. LOCATION STREET	YES NO DE RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I ORPART	2)			
DR ATTENDIO or hospital or place for use ched for use ched. I feel to the feel of the ched.		WHIE AT WORK AT WORK  22e.1 certify that (I) the hosp saw the department of the property of th	4/10		35.0	nd that in (my) (our) opinion of	deoth occurred on the d	27s. DA	ATE SIGNED			
TO HOSPITAL O retoined by the TO FUNERAL DI should be detect with the Store DR WITH THE STORE DE TO THE STORE		220. PHYSICIAN NAME (TYPE	J.	FARHA	IW		E UNIV	PKWY	10/85			
BP	R	BURIAL, CREMATION, REMOVA (SPECIFY) emoval—Burial	4/12	2/85 F	orre	emetery or crematory est Park		mer, Hous				
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR Henr 1905 York Roa		lenkins& to., MD		212 Z50. DAT	E REC'D. BY REGISTRAR	75h. REGISTRAR'S SIGN	NATURE			

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	F. PARIMINAC	ATAINSON N TO	i e
23	12, 1215 en	alvedin'\W	Female
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evolone Need	90		
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/=110	neno I	Calvin Ofkinson	. William I
0.000 - 0.000	S Harry B. Cump	835 30 98A	C.V.
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FOR - STATE

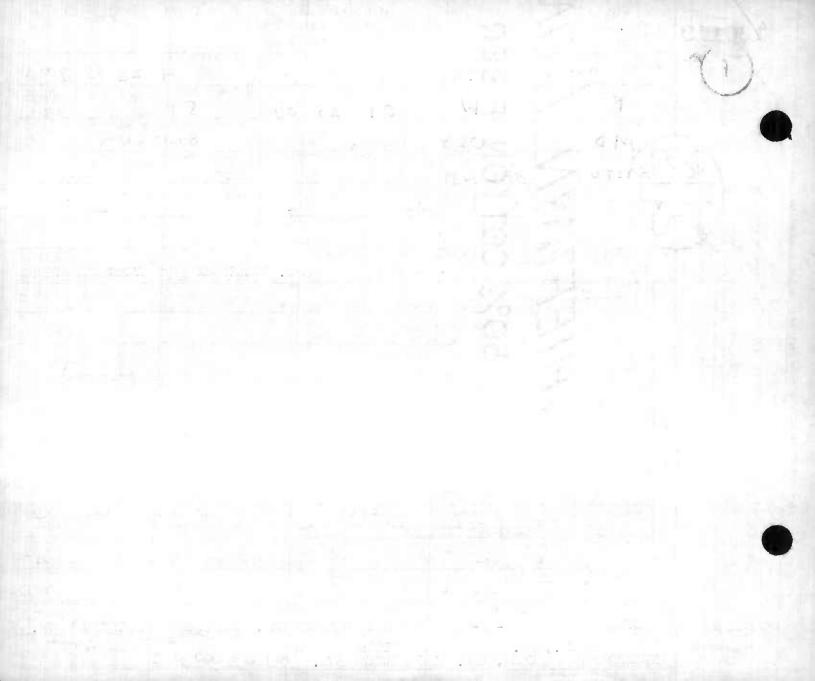
## STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR				CERTIF	TICATE OF DEA	VIII.	REG. N	10.			
		CEASED NAME	FIRST	1	WIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOU	JR_
	(TYPE	MAR MAR	Y	LOU	ISE	CUN	NNINGHAM	2, 1		4- 7	23-85	74	- AM
	3. SEX	X	4.	RACE	1	5 DATE (		YEAR	6 AGE (IN YEARS LAST B	RTHDAY)	MONTHS DATE	HOURS	24 HRS
	1	P	100	144	W	01	28	04	8	YRS.		-	
$\Box$		RTHPLACE (STATE OR F	FOREIGN 7b	CITIZEN OF	WHAT COUNTRY	Y? 8.	D NEVER MAR	RIED -	9 BALTIMORE CITY	_			
		MD		-	25/7	WIDOWI	ED DIVOR	RCED 🔲		ATO. C	The		MD.
1	10 CI	BALKO	/		HOSPITAL, NURS		OR OTHER INSTITU	NOIT	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST HOMEMAKE)	OF WORKING L	17b. KIND C INDUSTRY	)F BUSINE	ESS OR
111	43a. S	AL RESIDENCE (IF NURS STATE TRGINIA	ALLING		130. CITY OR TO ARLING	Vade;	13d. INSIDE CITY	LIMITS?	13e STREET ADDRESS 858, BUR			et /	-
1	14. FA	ATHER'S NAME	MID	DIE	LAST		15. MOTHER'S MA	T	MIDDLE		ŧA!		
		CHRISTOPH			WOLE			HERIN		NECC.	CAMPBI		-
2	16a V	VAS DECEASED EVER	IN U.S. ARME		16b SOCIAL SE		17 INFORMANT		ADDR			212	
		NO			256-12-	9011	CARRIE	·L. B	ULLINGER 2	902 EV			
		18 CAUSE OF DEAT	H (Enter only o	one couse per	line for (a), (b),	and ici.				T Y.	BETWEEN	IMATE INTER	DEATH_
		PARTI. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) PROBOSE PASS MONIA									20	E 1960	
				DUE TO O	R AS A CONSEO	UENCE OF							
		Conditions, if ony,	, which	( ,b)		SULTE	STATE				0.0	nes	
		gave rise to imn	nediote	DUE TO O	R AS A CONSEQ	LIENCE OF							
		underlying couse		(6)	CVA	OLIVEE OI						Mrs	
		PART 2 OTHER SIGN	VIFICANT CO	NDITIONS CO	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO	THE TERMI	IN AL DISEASE OR COM	NDITION GI	IVEN IN PART 1	0	
	CERTIFICATION	DEMEN	NA										
7	AT	19a DATE OF OPERAT		19b. COND	TION FOR WHIC	H OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?		ES, WERE FINDI		
-	TIFIC								YES NO		ES CAUSES	NO [	
3	CER	210. ACCIDENT WAS UND		216. TIME O			21c. HOW INJUR	RY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM 18	PART 1 OR PART 2)		
7		OR CONTRIBUTING		HOUR A.	M. MONTH	DAY YEAR							
	MEDICAL	21d INJURY OCCURE		21e PLACE	OF INJURY		211 LOCATION		CITY OF I		COUNTY		STATE
	W	WHILE NOT WITH	THE L	(AT HOME STR	EET, FACTORY OFFIC	E FARM ETC )	STREET		CITY OR I	OWN	COUNTY	2	TAIL
				Intended the	e decensed from	12	-14	19 84	to 4-	23	10 85	that (1) (6	we Wast
		220.1 certify that (1) (this hospital) attended the deceased from											
		22b. SIGNATURE	did)Ydid noti/v	iew the body	ofter death.		DEGREE				22t DATE	SIGNED	
		/	N	red			A ATTE	NDING _	MEDICAL STA		4	~ 7 3 -	4-
		224 PHYSICIANS NA	AME TO THE	com			22e ADDRESS	SICIAN [	DIRECTOR PHYS	ICIAN DE		22-0	14
		A	J		0 ( 60		520	0 85	HTW.	3 14	6 mo	200	21224
	23o. E	BURIAL, CREMATION,	REMOVAL	23b DATE	23	c. NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATION			لفيس	الما
	(	BURIAL		04-25	-85	COLUMBI	A GARDEN	S CEM	ARLINGT	ON -A	RLINGION	V	A.
	24 FU	UNERAL DIRECTOR BAL	TO MI						REC-D. BY REGISTRA		TRAR'S SIGNA		,
	н	UBBARD FUN	ERAL HO	OME TI	ADDRESS			ACA	4 1485		m loves and for		2
	241			لل و استده	TU TIU	A THEFT	THU AN VIIIA	1 7 77 7 7		1 1			

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this

MPORTANT: If them 21 is marked or them 18 shows any



8728 Liberty Road Randallstown, Maryland 21133

(VRA 15, 4)

STATE OF MARYLAND

A.E.O bringer edianero Street Regital of Saltram Covit Santas E. Rede 100 25 Land dest North Mesides, inc.

1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		
	DECEASED NAME FIRST FANN	ie Mae	(Curbean)	20 DATE OF DEATH MONT	85 YEAR 26 HOUR OF
3. S	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN
	Female	Black	4 15 1	~ - /	YRS.
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIEL	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
GF. 35	S. Carolina	U.S.A.	WIDOWED TO DIVORCE	Baltimore	
10.	Baltimore	11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET DEA HON Med	NG HOME OR OTHER INSTITUTION ADDRESSI Center	N 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	12b. KIND OF BUSINESS OF INDUSTRY
US	BUAL RESIDENCE (IF NURSING HOME OR ITS STATE	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)  /N 13d. INSIDE CITY LIMI	ITS? 13e STREET ADDRESS	
16.1	Maryland	Balti			nvale St.21213
-	FATHER'S NAME	MIDDLE LAST	IS MOTHER'S MAIDE FIRST Sallie		LAST
	WAS DECEASED EVER IN U.S. AR.	Brown  MED FORCES? [166 SOCIAL SECU		ADDRESS	
160	(YES, NO OR UNKNOWN) (IF YES, GIV	N/A	Ida Mur	phy 1742 Lanva	le Street
	18 CAUSE OF DEATH (Enter on	nly one couse per line for (o), (b), ar	nd (c).		BETWEEN ONSET AND DEATH
Z		( (c) CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1101
8 shows ony injury.	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
4 10	CA COLUMNIA COLUMNIA	HOUR A.M. MONTH D	AY YEAR	OCCURRED (ENTER NATURE OF INJURY IN IT	TEM 18 PART 1 OR PART ?)
0	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC } 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
×	22a. I certify that (I) (this hospi	ital attended the deceased from	, ond that in (my) (aur) of	pinion death accurred on the date of	nd haur and from the couses stated
	22b. SIGNATURE	Read on p	DEGREE ATTEND PHYSIC	ING MEDICAL STAFF	221. DATE SIGNED
MPORTANT	22d PHY ICAN NAME (TYPE C	EEDMD.	22e ADDRESS	CHAS, ST B	BALLA MOZY
230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMA' rbutus Mem. P	tory 23d LOCATION city or town Arbutus,	COUNTY Md STATE